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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

LA ALLIANCE FOR HUMAN
RIGHTS, an unincorporated
association, JOSEPH BURK,
HARRY TASHDJIAN, KARYN
PINSKY, CHARLES MALOW,
CHARLES VAN SCOVY, GEORGE
FREM, GARY WHITTER, and
LEANDRO SUAREZ, individuals,

Plaintiffs,

V.

CITY OF LOS ANGELES, a municipal entity; COUNTY OF LOS ANGELES, a municipal entity; and DOES 1 through 200 inclusive,

Defendants.

Case No. 2:20-cv-02291 DOC-KES

REQUEST FOR STATUS REPORT

Date: N/A
Time: N/A
Ctrm: N/A

**TO THE HONORABLE COURT, ALL PARTIES AND THEIR
ATTORNEYS OF RECORD:**

Plaintiffs hereby submit the following request for status report by Defendants, specifically to address: a) what new plans have been established to provide thousands of emergency beds to people experiencing homelessness, given the reduced capacity of recreation centers, b) what plans have been

1 established to procure thousands of motel and hotel rooms, as committed, and c)
 2 what plans have been established or are being considered to facilitate fiscally
 3 responsible and viable long-term solutions. Plaintiffs request weekly updates on
 4 these same issues so that Plaintiffs may track progress accurately during this time
 5 of suspended litigation.

6 Plaintiffs recognize the tremendous efforts undertaken by the City and
 7 County over the last several weeks as the COVID-19 pandemic unfolds.
 8 Plaintiffs understand and appreciate that this crisis is unfolding rapidly, and
 9 Defendants are utilizing significant effort and resources to respond accordingly.
 10 However, Plaintiffs are focused on the representations made during the March
 11 19, 2020 hearing, and how those representations comport with what has taken
 12 place on the ground over the ensuing two weeks.

13 **Emergency Shelters in Recreational Centers**

14 In a March 18, 2020 press conference and again at the March 19, 2020
 15 hearing Mayor Eric Garcetti announced the City's plan to open 42 recreational
 16 centers as emergency shelters, bringing approximately 6,000 homeless Angelenos
 17 indoors.¹ However, the City and County apparently did not account for the
 18 distancing requirements under this pandemic, and that number has since been
 19 reduced significantly. Last update had 13 recreational centers open with 563
 20 beds, and another 13 to open soon. Plaintiffs request the City and County
 21 provide updates on the following information:

22 • What is the timeline for opening the remaining 16 recreational centers?

23

24

25

26 ¹ (March 19, 2020 Transcript of Proceedings ("Tr."), 14:24-15:3, ECF 39);
 27 Los Angeles Mayor, *Mayor Garcetti: L.A. Will Open Thousands of Temporary*
Shelter Beds for Homeless Angelenos As Part of COVID-19 Response,
 28 WWW.LAMAYOR.ORG, <https://www.lamayor.org/mayor-garcetti-la-will-open-thousands-temporary-shelter-beds-homeless-angelenos-part-covid-19> (last visited Apr. 3, 2020).

- 1 • With the distance requirements in mind, what is the updated estimated
2 bed count that will be provided in:
 - 3 ○ The next 13 recreational shelters?
 - 4 ○ The remaining 16 recreational shelters?
- 5 • What plans do the City and County have in place to make up the
6 additional beds that now cannot be included in the recreational centers
7 (approximately 4,000 beds if we assume the 33% ratio we saw in the
8 first 13 shelters is accurate²).
- 9 • In conducting the initial intake for emergency shelter placement, what
10 number of persons were symptomatic? Where, if anywhere, have such
11 persons been placed? What number, if any, have declined voluntary
12 isolation and what measures were taken in response, if any?

13 **Hotel/Motel Rooms**

14 During the informal discussion the afternoon of the March 19, 2020
15 hearing, Plaintiffs and Intervenors jointly raised concerns about placing the most
16 vulnerable homeless (approximately 4,000 seniors and those as identified by
17 LAHSA) in large congregate shelters. All parties agreed that hotel and motel
18 rooms would be best for those most vulnerable 4,000 Angelenos with the 6,000
19 recreational center beds better suited to the remaining members of the homeless
20 community. However, two weeks later it appears that less than 1,000 hotel and
21 motel rooms have been obtained, and it is unclear the numbers of those rooms
22 that are actually being provided to our most vulnerable homeless who are not yet
23 experiencing COVID-19 symptoms, versus those reserved for both housed and
24 unhoused testing positive or experiencing symptoms. The Hotel Association of
25 Los Angeles announced 115 hotels have stepped forward to provide 10,000

26
27

 28 ² The original projected bed number in the first 13 recreational centers was
 1,600. The actual bed count is 563, representing a 35% fulfillment rate.

1 guestrooms as temporary shelter.³ It is unclear what the status of those
 2 negotiations are, and again the number of rooms that will be provided to
 3 vulnerable yet asymptomatic homeless, or reserved for others showing symptoms
 4 or testing positive for the virus. The window of opportunity to obtain and fill
 5 those rooms in time to prevent tragedy is rapidly shrinking. Plaintiffs request the
 6 City and County provide updates on the following information:

- 7 • How many hotel/motel rooms have been purchased, leased, or
 8 otherwise reserved that will be specifically provided to the 4,000 most
 9 vulnerable homeless Angelenos, as identified by LAHSA?
- 10 • If the number to the above question is less than the 4,000 identified,
 11 what is the reason for delay? And what alternative provisions have
 12 been made to isolate these individuals who present a strong vector of
 13 susceptibility to this disease?
- 14 • What, if any, efforts or arrangements have been made to provide
 15 services (including mental health and drug rehabilitation counseling) to
 16 those who are being isolated?
- 17 • What, if any, efforts have been made specifically to decrease the
 18 density of the Skid Row population?⁴

19 **Hygiene Centers**

20 At the March 19, 2020 hearing Mayor Garcetti indicated that 310
 21 handwashing stations had been deployed or were in the process of being

23 ³ Chuck Dobrosielski, *Los Angeles Hotels Offer 10,000 Rooms as*
 24 *Temporary Shelter*, HOTEL MANAGEMENT (Mar. 31, 2020, 12:42 PM),
 25 <https://www.hotelmanagement.net/operate/los-angeles-hotels-offer-10-000-rooms-as-temporary-shelter>.

26 ⁴ Plaintiffs understand there are plans to paint 12-foot boxes on the
 27 sidewalks in the Skid Row area and request tents be spaced accordingly. Given
 28 the historic lack of compliance, in part due to the high concentration of severely
 mentally ill and/or drug inebriated individuals in the area, Plaintiffs are
 concerned about the efficacy of this plan. Instead, providing motels and hotels
 would ensure a reduction in numbers and reduce the spread of the virus.

1 deployed throughout the City, in addition to 120 mobile bathrooms.⁵
 2 Additionally, pursuant to a request by the Court, on April 1, 2020 the City
 3 reported an additional 50 portable toilets and 60 handwashing stations were
 4 placed in and around the Skid Row community beginning April 2, 2020. (City of
 5 Los Angeles Status Report for April 1, 2020, ECF 50.) However, the Court noted
 6 that five of the six stations it tested were not in functional order. (Minute Order in
 7 Chambers, ECF 51). This comports with recent reports showing many are
 8 missing or not being maintained with soap or water.⁶ Plaintiffs appreciate and
 9 share the Court's concern on these issues. Plaintiffs request the City and County
 10 provide an update on the following information:

- 11 • What methods are being utilized to ensure all hygiene centers and
 12 stations are maintained?
- 13 • What methods are being utilized to ensure homeless individuals are
 14 aware of the centers' and stations' presence and manner of use?
- 15 • What methods are being utilized to ensure the restrooms are not used as
 16 bastions for criminal activity, but rather for their intended use?

17 **Permanent/Interim Solutions**

18 During the March 19, 2020 hearing, the parties and the Court were
 19 collectively united in the goal of not only providing the emergency response
 20 needed to address the COVID-19 crisis as it relates to the homeless community,
 21 but also in working together to establish lasting, fiscally responsible and
 22 sustainable solutions to the homeless crisis which will, unfortunately continue
 23 after the COVID-19 emergency has abated. Mayor Garcetti announced the City
 24

25 ⁵ (Tr. 12:1-5, ECF 39.)

26 ⁶ Lexis-Olivier Ray, *LA Installed Hundreds of Hand-Washing Stations at*
 27 *Homeless Camps. Some Are Drying Up.*, CURBED LOS ANGELES (Apr. 1, 2020,
 28 5:51 PM), <https://la.curbed.com/2020/4/1/21203396/homeless-coronavirus-los-angeles-handwashing-stations>.

1 had purchased 50 pallet shelters which were set to be delivered on March 20,
 2 2020.⁷ Mayor Garcetti also appropriately noted: “This is an opportunity to not let
 3 this crisis go to waste and to say not only did we save lives during this crisis, but
 4 we finally healed those lives and brought people home.”⁸ Los Angeles County
 5 Board of Supervisors Chair Kathryn Barger agreed: “We have an opportunity,
 6 both the plaintiffs, the counties, and the cities to get this right. And I am
 7 committed, along with my colleagues.”⁹ Los Angeles Police Department Chief
 8 Michel Moore also agreed that this is “a moment that can transition us into a
 9 more lasting solution, I—we all share that ambition.”¹⁰ Los Angeles Fire
 10 Department Chief Terrazas, revealing an astonishing 84 homeless per day are
 11 transported to hospitals by FD ambulances, noted “bringing the homeless into
 12 shelters is going to help us.”¹¹ The Court asked “aren’t we wasting money in the
 13 long run by not having transitional and long-term supportive centers that we need
 14 anyway? . . . lets take advantage of this god-awful situation and do something.”¹²

15 Additional needs are particularly apparent now, as existing shelters are
 16 unfortunately full and many are not able to abide by public health requirements
 17 of social distancing.¹³ A collaborative university study released March 25, 2020
 18 estimates that when social distancing is taken into account (meaning many
 19 existing shelters would have to reduce capacity), Los Angeles would need an
 20

21 ⁷ (Tr. 13:11-20, ECF 39.)

22 ⁸ (*Id.* at 16:17-23.)

23 ⁹ (*Id.* at 34:3-5.)

24 ¹⁰ (*Id.* at 53:12-18.)

25 ¹¹ (*Id.* at 63:10-11.)

26 ¹² (*Id.* at 57:15-22.)

27 ¹³ Matt Tinoco, ‘*Everybody Is Crammed In.’ Scenes from a Homeless*
 28 *Shelter During a Pandemic*, LAIST (Apr. 2, 2020, 6:00 AM),
<https://laist.com/2020/04/02/homeless-shelter-pandemic-packed-covid.php?amp=1>.

1 additional 62,885 beds to properly address this crisis among the homeless
 2 population.¹⁴ Importantly the study notes:

3 There are obvious and immediate steps that we can take to
 4 mitigate this situation. By creating adequate and humane
 5 accommodations for people living unsheltered, leveraging
 6 existing private units like hotels while creating new ones as
 7 feasible, and reconfiguring existing facilities to accommodate
 8 social distancing and isolate symptomatic individuals, lives can
 9 be saved.

10 *Id.* During the March 19, 2020 hearing LifeArk conducted a presentation,
 11 revealing that 25,000 beds could be available immediately for \$340 million.¹⁵
 12 The Salvation Army offered 80,000 feet of space in Bell for indoor sheltering, its
 13 camp in Calabasas, and 17 stores throughout LA County for immediate sheltering
 14 ability.¹⁶ Plaintiff previously reported many other low-cost options including the
 15 SHARE collaborative housing model for \$4,000 per bed, Tiny Houses available
 16 for \$5,000 per unit (which could be used as isolation during this time as well, and
 17 3D printed homes costing \$4,000 unit). For both larger collective spaces when
 18 needed or small individual family-sized dwellings, Sprung Structures could be
 19 built in only two weeks for \$10,000 per bed.¹⁷ Available locations include
 20

21
 22 ¹⁴ Dan Taekema, *How to build a hospital wing for a pandemic in just 14*
 23 *days*, CBC News (Apr. 2, 2020, 2:22 PM),
<https://www.cbc.ca/news/canada/hamilton/covid-joseph-brant-blt-construction-pandemic-unit-1.5518090> (attached hereto as Exhibit A).

24 ¹⁵ (Tr. 50:2-25, ECF 39.)

25 ¹⁶ (*Id.* at 79:20-25.)

26 ¹⁷ Dennis Culhane, Dan Treglia, et al., *Estimated Emergency and*
 27 *Observational/Quarantine Capacity Need for the US Homeless Population*
 28 *Related to COVID-19 Exposure by County; Projected Hospitalizations,*
Intensive Care Units and Mortality (Mar. 25, 2020) (attached hereto as Exhibit
 B.)

1 hundreds of acres near LAX or at the County Fairgrounds, CalTrans property
 2 granted by the state, existing structures in the abandoned LA County hospital, or
 3 a multitude of parking lots and government-owned property throughout the City
 4 and County. Importantly St. Vincent's Medical Center is on the verge of being
 5 purchased as a COVID-19 command center and could provide shelter for
 6 thousands in addition to research potential.¹⁸

7 Plaintiffs recognize and appreciate the ongoing efforts to bring homeless
 8 Angelenos inside during this time. However, reports show that this pandemic will
 9 continue for one-to-two years, while the emergency measures taken by the City
 10 and County are set to remain in place only for a matter of months. In light of the
 11 collaborative agreement during the March 19, 2020 hearing that permanent and
 12 interim solutions were just as important as emergency ones, and particularly in
 13 light of the reduced capacity of the recreational centers and hotels/motels being
 14 utilized to house homeless Angelenos, Plaintiffs request the City and County
 15 provide an update on the following information:

- 16 • What measures have the City and County taken to site and plan for
 17 permanent and interim solutions, so that when the emergency sheltering
 18 options in recreational centers and hotels and motels conclude,
 19 homeless Angelenos will not simply be turned back to the streets to be
 20 yet again subject to the COVID-19 virus and other health risks?
- 21 • What measures have the City and County taken, if any, to secure
 22 LifeArk modular buildings or other large-scale options as a significant
 23 solution to this crisis?

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26 ¹⁸ Dakota Smith, *Patrick Soon-Shiong Seeks To Buy St. Vincent Hospital, Create 'Central Command' for Coronavirus*, LOS ANGELES TIMES (Apr. 2, 2020, 2:00 PM), <https://www.latimes.com/california/story/2020-04-02/soon-shiong-foundation-bid-st-vincent-medical-center-coronavirus>.

- What measures, if any, have the City and County taken to secure the offered Salvation Army sites as temporary, interim, or permanent shelter locations?
- What sites currently exist within the County and City that are government-owned or easily acquirable that could support tiny home villages (minimum 6,000 square feet), up to large supportive centers (several acres) utilizing LifeArk, Sprung Structure, or a similar to model?

Conclusion

During this time of suspended litigation, Plaintiffs request regular updates to track progress and work collaboratively with the Court and all parties to achieve the mutual goals of addressing the homeless crisis as it relates to the COVID-19 pandemic and beyond.

Dated: April 6, 2020

/s/ Elizabeth Anne Mitchell

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Attorneys for Plaintiffs

Exhibit A



COVID-19

More ▾

<https://www.cbc.ca/news/canada/hamilton/covid-joseph-brant-blt-construction-pandemic-unit-1.5518090>
Hamilton

How to build a hospital wing for a pandemic in just 14 days

'We are ... creating surge capacity based on the worst-case scenario,' says doctor

[Dan Taekema](#) · CBC News · Posted: Apr 02, 2020 2:22 PM ET | Last Updated: an hour ago



Joseph Brant Hospital in Burlington is building a 93-bed pandemic response unit in just 14 days. (Joseph Brant/Twitter)

It started as a parking lot.

Then came the swooping aluminum supports with durable, white material wrapped over them.

Almost overnight, the painted lines were covered up and the pavement outside Joseph Brant Hospital began its transformation into a pandemic response unit.

It's a project locked in a 14-day race against COVID-19.

"Every day counts," said Mark Watts, president of BLT Construction, the company tasked with erecting the structure and keeping up with the critical countdown. "Every day means lives."

Dr. Ian Preyra, chief of staff at the Burlington hospital, believes a "remarkable surge" in patients is coming.

That's why the hospital announced Monday it plans to spend more than \$2 million putting up the temporary 93-bed facility.

- **Joseph Brant Hospital to erect 93-bed pandemic unit for COVID-19 surge**

- **Canadian hospitals getting 'creative' to expand COVID-19 care facilities**

The pandemic unit will house patients with mild to moderate symptoms of COVID-19 who would otherwise overwhelm hospital resources over the next two weeks.

"We are essentially creating surge capacity based on the worst-case scenario," Preyra explained. "It would be a blessing if we didn't have to use this space."

For BLT, the race began in Calgary where Sprung Structures loaded trucks with the crates and bundles that made up a rush shipment of the different parts needed to assemble a hospital.

The technical name for the type of building that's going up is a "tensile membrane structure," he patiently pointed out — not a tent.

"For a hospital environment it's graded for snow loads, high wind speeds, hurricanes," he listed off. "So it's a safe building to be erecting for this type of application."



Sprung Corporate
@SprungCorporate

This 8250 sq ft Sprung hospital structure left Calgary at 2 pm today bound for Burlington, Ontario by rush team shipment. When erected over the next week, BLT Construction will outfit

this emergency structure with 100 urgently needed hospital beds. #COVID19 #BeatTheVirus



896 8:27 PM - Mar 29, 2020

330 people are talking about this

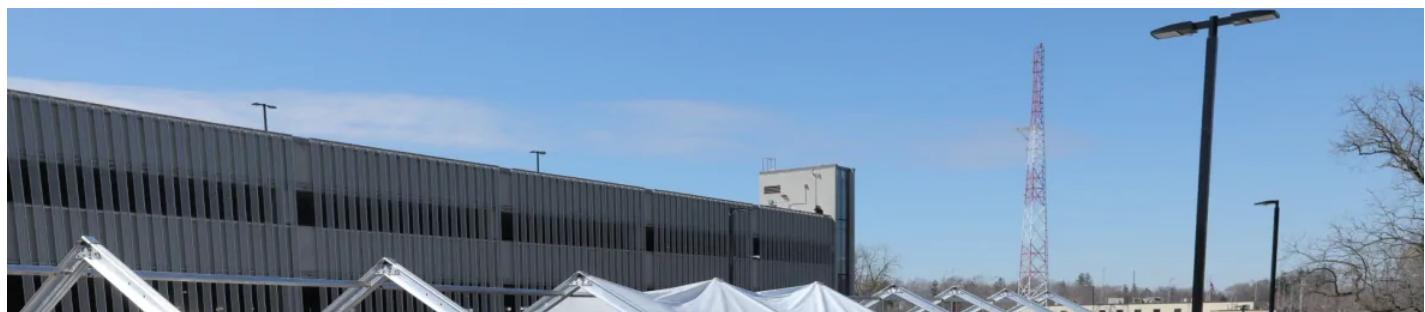
The pieces began arriving in Burlington from the cross country trip this week and immediately started going up thanks to the BLT team and a small army of subcontractors.

The main bulk of the structure is already in place just days after the announcement. A tunnel will lead to the hospital's south tower where elevators can carry people up to intensive care if they need even more support.

The unit will be staffed by family physicians kitted out in personal protective equipment — a factor Preyra said will free up resources within the hospital and ensure patients can follow up with someone familiar with their case once they're discharged.

Two weeks isn't long to build a hospital.

"We're working like 24/7 on it to meet the timeline. It's definitely expedited," said Watts. "The pandemic and the peak, the curve and when these hospitals are requiring these beds, it's immediate. Every day to us is important."





The metal substructure was the first step, followed by the tough, white material that will cover the entire facility. (Jonathan Castell/CBC)

A project of this kind also comes with challenges.

"We're treating it as an infectious disease centre and that has complications with mechanical systems," he explained, adding the consulting team from Joseph Brant has been crucial when it comes to "pioneering" the effort.

One of the most difficult aspects was finding the beds, oxygen machines and ventilators to help patients hold on as they fight the virus.

Strained medical equipment supply chains is where the "crisis" lies right now, said Watts.

The build is the first time BLT has put up a temporary hospital, but Watts figures it won't be the last.

His phone has been "lighting up like a Christmas tree," with interest from other parts of Ontario, Alberta and Quebec.

Gearing up for 'sustained pressure'

Preyra works as an emergency physician and said staff at the hospital are already seeing an increase in patients presenting with respiratory symptoms consistent with the new

Five COVID-19 patients were in the intensive care unit as of Wednesday, nine others who are suspected of having the virus were being cared for elsewhere in the hospital and two patients who had recovered enough had been sent home.

But Preyra said he expects those cases are just the beginning.

The doctor anticipates "sustained pressure on the system" and said his team is preparing for a trajectory that compares to places like Italy or New York City.

"This is something very different," said Preyra. "I think this will be a generational event for physicians in Canada and across the world and I don't think it's comparable to anything we have yet experienced."

Other area hospitals are working to free up beds too. St. Joseph's Healthcare Hamilton and Hamilton Health Sciences (HHS) have both cut back on elective surgeries and discharged patients whenever possible.



Construction workers help assemble the make-shift hospital on Wednesday, April 1, 2020. The hospital is gearing up for patients to be treated for COVID-19. (Nathan Denette/The Canadian Press)

Both, however, declined to be specific about what any new surge spaces would look like or where they would be located.

St. Joe's says it's designing COVID-19-specific units within the hospital and "non-traditional spaces" outside of the hospital setting, without explaining what that means or would look like.

It's been an "enormous task" but staff have opened up 200 beds so far.

"Everything is on the table" at HHS including using non-patient parts of hospitals and unspecified community locations as a last resort, according to a spokesperson who said they've found 350 beds that can be dedicated to those with COVID-19.

On Twitter Joseph Brant said it's the first Ontario hospital to go public with its plans for expanding capacity.

Even if the anticipated surge doesn't materialize, Preyra said he'll have no regrets.

"I think the greatest praise we could receive after all this is all said and done is that Joseph Brant Hospital was over prepared," he said. "I would be delighted with that."

With file from Jennifer La Grassa and Thomas Daigle

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Exhibit B

**Estimated Emergency and Observational/Quarantine Capacity Need for the US Homeless Population
Related to COVID-19 Exposure by County; Projected Hospitalizations,
Intensive Care Units and Mortality**

Dennis Culhane, Dan Treglia & Ken Steif
University of Pennsylvania
Randall Kuhn
University of California Los Angeles
Thomas Byrne
Boston University

March 25, 2020

Estimated Emergency and Observational/Quarantine Capacity Need for the U.S. Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units, and Mortality

Dennis Culhane, Dan Treglia, Ken Steif, Randall Kuhn, & Thomas Byrne

The rapid progression of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has raised concerns about the potential impact of coronavirus disease (COVID-19) on the homeless population. According to official reports, 575,000 people in the United States meet the U.S. Department of Housing and Urban Development (HUD) definition of homelessness – living in a homeless shelter or a place not fit for human habitation.¹ On any given night New York City and Los Angeles County, two areas heavily impacted by COVID-19, are estimated to have 70,000 and 58,000 homeless individuals, respectively.

In recent days, both the State of California and the City of Los Angeles have made substantial funding allocations to support rapid emergency shelter for unsheltered individuals, outreach for early detection, and quarantine space. Policing reforms have also been put in place to ensure that homeless individuals are able to shelter in place should the need arise. The federal government is in the process of considering additional funding allocations aimed at protecting homeless populations from COVID-19. This report aims to establish the potential mortality and hospitalization costs of inaction along with estimating the funding needs associated with a comprehensive plan of action.

Potential impacts of COVID-19 on the homeless population

We estimate the potential impact of COVID-19 on the homeless population and the homeless and healthcare systems caring for them. We model our estimates on a variety of severity and fatality scenarios informed by the unique health burdens facing the homeless population, applied to the age distribution of the homeless population. Concern has been raised around the potential for widespread transmission of COVID-19 within the homeless population due to inadequate access to hygiene and sanitation and the difficulty of early detection among a population isolated from health care. Yet, given limited understanding around the exact parameters of the virus' transmission, it is difficult to explicitly model the potential transmission, and so we simply model a range of infection rate scenarios.

Less widely known—but considerably more important—is the extraordinarily high susceptibility to symptomatic infection, hospitalization, and fatality among the homeless population due not only to their advanced age, but also the accelerated physical decline and mental weathering that frequently results from repeat exposure to harsh elements. For decades, the single adult homeless population has been dominated by members of the late baby boom cohort (e.g., those born between 1955-1965, approximately), and the age distribution of homeless populations has shifted upwards as this birth cohort phenomenon has persisted into older ages.^{2,3} A recent study of aging trends among homeless populations in New York City, Los Angeles County, and Boston observed that the modal age of homeless clients in all cities was between 50 and 55 years. Studies of COVID-19 severity and case fatality suggest that older populations face risk orders of magnitude higher than those facing younger populations.^{4,5}

Concerns over chronological age are magnified by concerns over accelerated physical decline among homeless populations.⁶ Homeless individuals are admitted to the hospital with medical-surgical conditions 10-15 years earlier than comparable, housed individuals,⁷ and with age-related impairments

typical of housed individuals 20 years older.⁸ Early studies of COVID-19 risk factors point to comorbidities relating to hypertension, diabetes, cardiac disease, chronic respiratory disease, and cancer.⁹ In Los Angeles and other communities on the West Coast, concerns about physical susceptibility are further heightened by high rates of unshelteredness, which are thought to carry both a generalized risk of accelerated age-related decline and specific exposures to poor hygiene and respiratory distress.¹⁰ Existing studies of homeless populations have observed obstructive pulmonary disease prevalence between 20 and 30%,^{8,11} compared to 10% for the general adult population.¹²

This study serves two distinct purposes. First, we model potential scenarios of COVID-19 severity, hospitalization and fatality among homeless populations. Second, we estimate additional homeless system capacity – through private units as quickly feasible and scalable and otherwise through current infrastructure that incorporates tenets of social distance and safety - required to manage the acute impact of the COVID-19 pandemic on the existing homeless population. We perform this exercise for all unsheltered persons and homeless individuals in emergency shelter or transitional housing, which are generally congregate in nature (no private rooms or partitions) and highly dense. We have excluded families with children, who tend to be sheltered in private rooms or apartments. This exercise outlines the additional homeless system capacity required for a sufficient response to safely care for the existing homeless population; it is not intended to prescribe specific solutions, which should incorporate local conditions and guidance from the CDC and other public health experts.

Modeling Health Impacts of COVID-19 on the Homeless Population

Data and Methods

Because detailed national age distribution data are not available, we drew on aggregate age distributions for the adult homeless population (age 25+) from the Homeless Management Information Systems (HMIS) of New York City (NYC) for 2017 and Los Angeles County (LAC) for 2018, two municipalities with robust social service data infrastructures for which we could readily access data. (Previous research by this team has found that the age structure of adult homelessness is fairly robust across states).^{2,3,13}

The most granular geography at which official homelessness estimates are available is the Continuum of Care (CoC), which is the geographic unit at which federal homeless assistance grants are awarded and local homeless services are coordinated. These geographies do not map uniformly onto county boundaries, and we thus interpolate county estimates of these outcomes from CoC-level data mirroring a process described by Almquist and colleagues.¹⁴

We built estimates of the distribution of hospitalization, critical care and fatality for five-year age groups by modifying the estimates included in the widely publicized Imperial College report published March 16, 2020.⁴ We used nonlinear regression techniques to approximate rates for five-year age groups instead of ten-year groups. To estimate potential impacts on the homeless population, we built on the intuition of existing studies that older homeless populations bear health risks comparable to those of individuals 15 to 20 years older.^{7,8} To be conservative, we focused primarily on a 15-year accelerated aging shift while also reporting 10-year and 20-year shift models. A future scientific report will explore a wider range of assumptions.

Figure 1 compares the risk curves for homeless populations to the general population using a model that assumes infected homeless individuals would be twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times as likely to die.

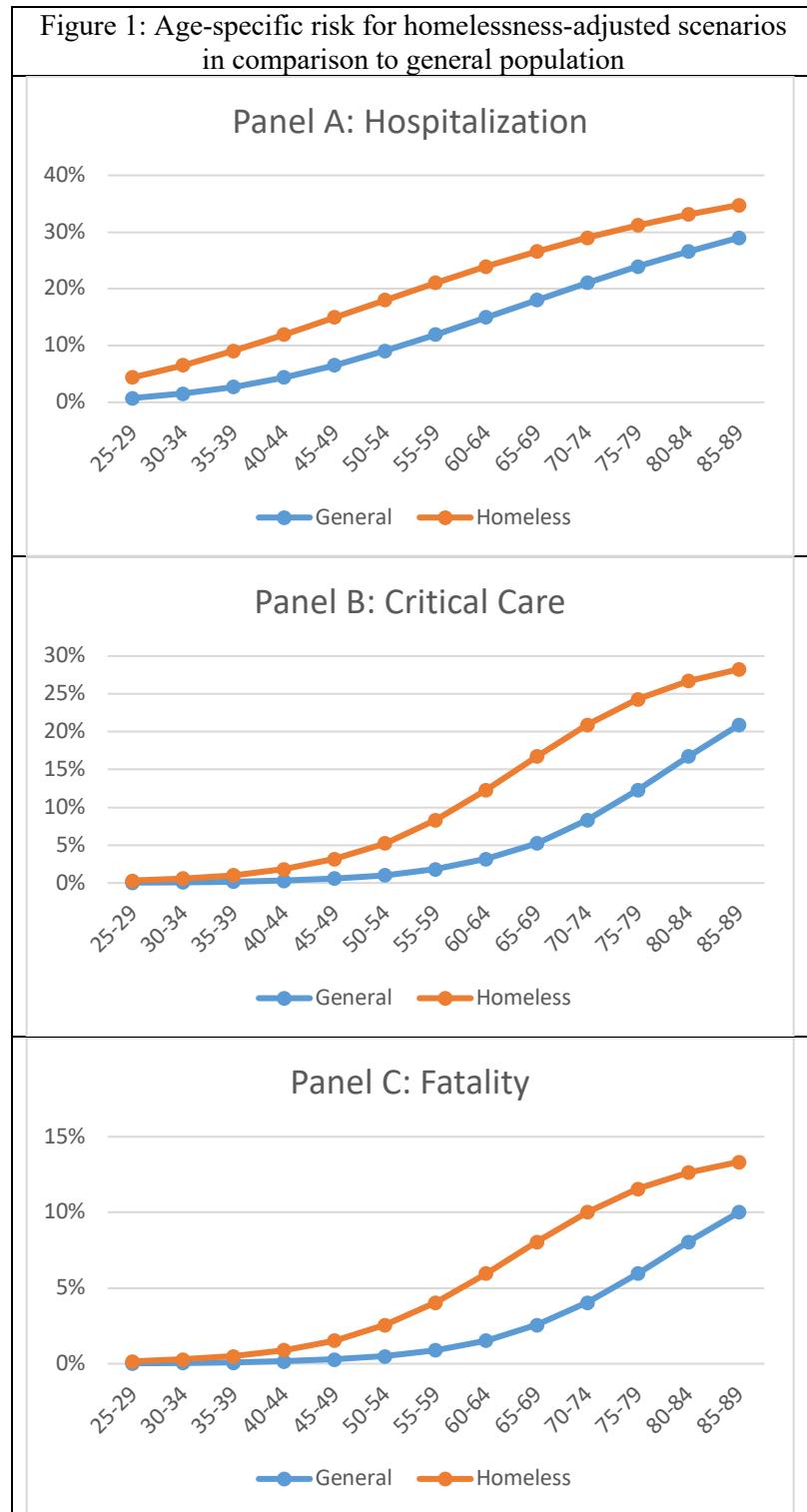


Figure 2 shows the age distribution of the homeless clients of LAC and NYC. The total number of clients age 25+ was 44,914 in NYC and 44,054 in LAC. The modal age group in both areas was 50-54, while the

mean age was 45.6 in NYC and 46.7 in LAC. The proportion over age 65 was 5.8% in NYC and 7.2% in LAC, lower than the national average among the general population. The proportion over age 50, and thus potentially heavily affected by accelerated aging was 39.7% in NYC and 42.5% in LAC.

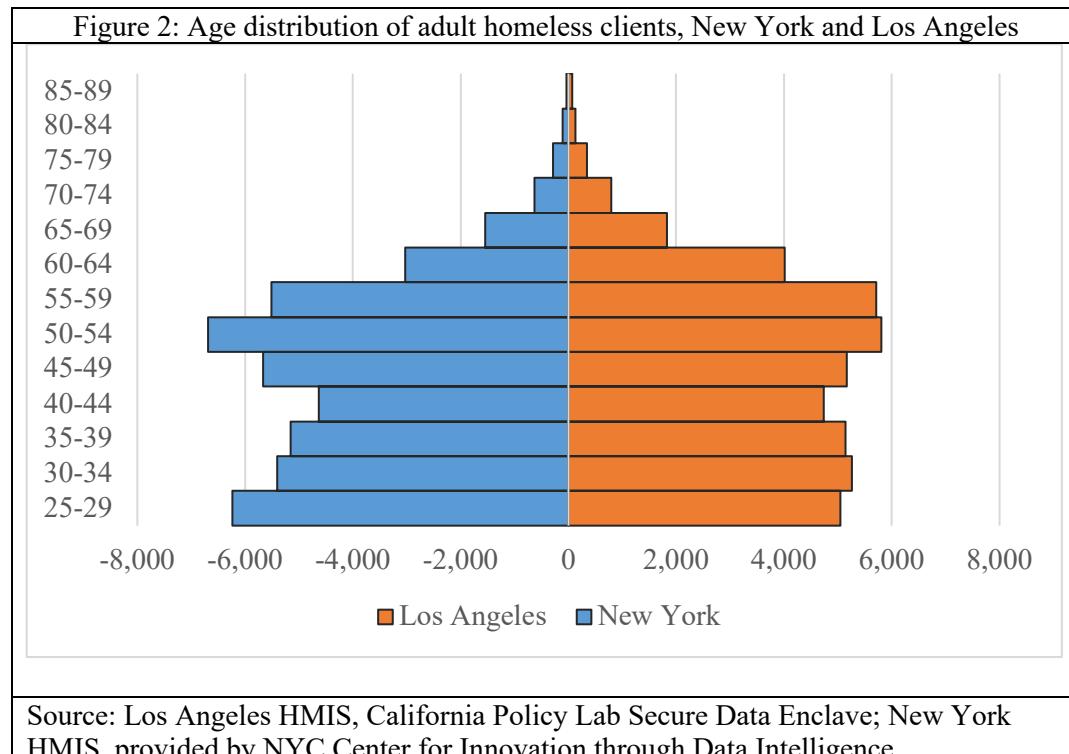


Table 1 shows the projected number of hospitalizations and critical care and fatality episodes anticipated among the homeless population of the United States. These projections are imposed on the estimated 493,000 single adults experiencing homelessness on a given night (unsheltered PIT counts adjusted *1.4, see later section on unit estimation method), which creates a conservative estimate of COVID-19's impact on the homeless population given that the total number of people experiencing homelessness over the course of a year is likely 3-4 times that. Our estimates assume that 40% of the homeless population will be infected at any given time at the peak of the crisis, and that the U.S. homeless population would have the same age distribution as NYC and LAC grounded in work from a prior study of aging homelessness.

Findings

- We estimate that 21,295 people experiencing homelessness, or 4.3% of the U.S. homeless population, could require hospitalization at the peak infection rate of 40%, with a potential range from 2.4% to 10.3% hospitalizations.
- Critical care needs could range from 0.6% to 4.2%, with the midpoint scenario seeing 7,145 in critical care nationally.
- Finally, we estimate a wide range--0.3% to 1.9%-- of potential fatality rates, with the central estimate of 0.7% implying 3,454 homeless deaths. We believe that the true likely fatality outcome would be on the higher end of this range given the challenge of actually getting

homeless clients to the hospital, especially when they are unsheltered, as well as the unusually high mortality risks that prevail among the homeless population.

Table 1: Projected COVID-19 outcomes for U.S. homeless population at a given time assuming peak 40% infection rate

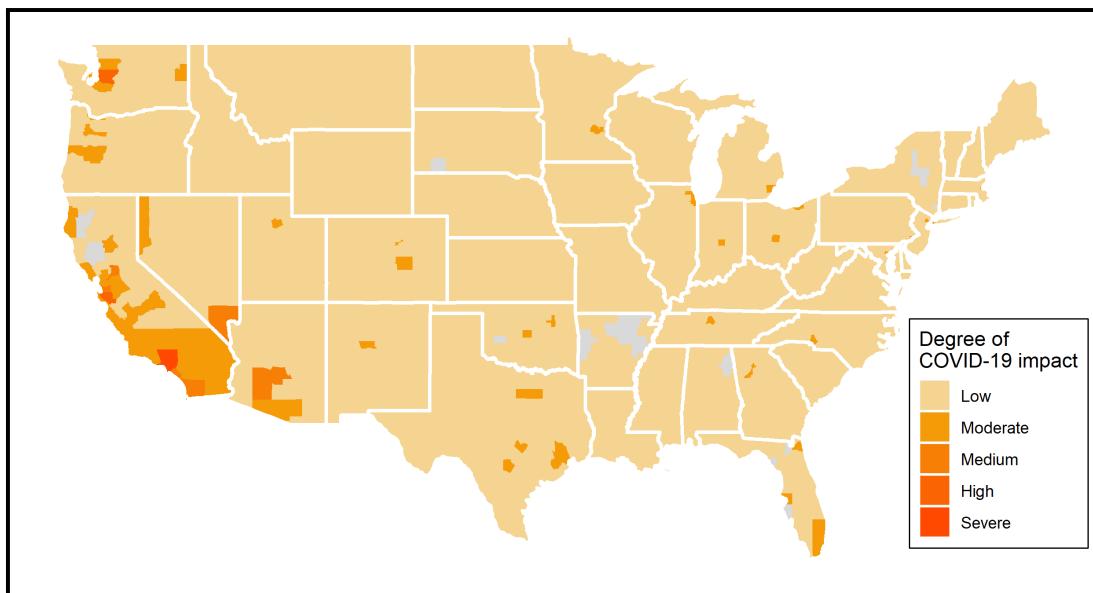
	Number of cases	Percent of total population	Range across scenarios
Hospitalization	21,295	4.3%	2.4%-10.3%
Critical Care	7,145	1.4%	0.6%-4.2%
Fatality	3,454	0.7%	0.3%-1.9%

Map 1 depicts the proportionate distribution of hospitalizations, ICU admissions, and mortality among homeless individuals across the United States as a result of the COVID-19 pandemic. It is largely reflective of the distribution of the homeless population generally, with cases concentrated in urban areas and most regions seeing very few COVID-19 cases and low mortality.

Map 1

Proportionate distribution of hospitalizations, ICU, and mortality among homeless individuals due to COVID-19 pandemic

Estimates based on 40% infection rate and 15-year accelerated aging



Source: Age distribution from Los Angeles Homeless Services Agency HMIS 2018;
 New York City Department of Social Services HMIS 2017;
 CoC data from U.S. Department of Housing and Urban Development 2019 Point-in-Time Estimates of Homelessness;
 U.S. Department of Housing and Urban Development 2019 CoC GIS Geodatabase.
 Grey areas indicate counties where no data is available.

Estimating Additional Capacity

Data and Methods

We use data from the U.S. Department of Housing and Urban Development's 2019 Annual Homelessness Assessment Report (AHAR) to create assessments of additional capacity required to manage the acute effects of the COVID-19 crisis on the homeless population. The following assumptions were used to develop bed estimates:

- Adult shelters operate at high density. To reduce density sufficient to enable social distancing by allotting at least 100 square feet per bed, we assume a 50% bed reduction in existing facilities, which would require an offsetting increase in beds or private units.
- The 2019 AHAR unsheltered count reflects persons observed during the PIT count, which is an estimated 40% undercount due to unobserved persons, based on Glynn and colleagues¹⁵.
- New units are estimated to cost \$25,000 per year, or \$68.50 per night based on current national shelter expenditures¹⁶, although accommodations may be made in other facilities.
- We estimate a peak infection rate of 40% and keep that constant for our estimates and maintain that rate – which we know will vary over time -- for our analyses.
- Finally, for those who are infected or under observation we estimate an additional \$7,500 per unit for more private accommodations, including rooms in hotels and motels.

Findings

Our estimates suggest the need for an additional 400,000 units to manage the COVID-19 pandemic for the current, estimated homeless population. This includes:

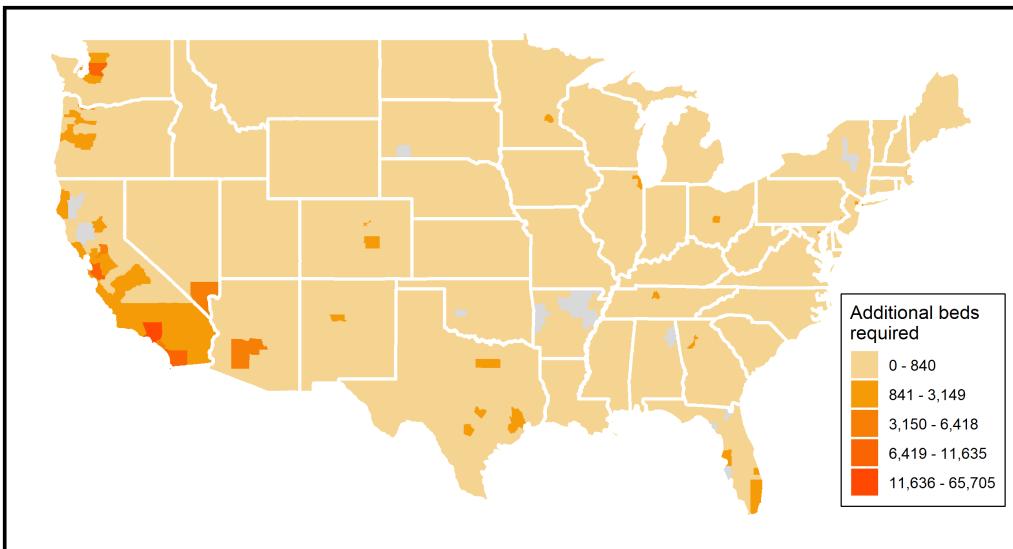
- Approximately 200,000 single adults were sheltered on a given night in January, 2019 (199,531; US HUD, 2019). To reduce density by 50% while maintaining current capacity would require the addition of 100,000 units.
- 211,293 adults and persons in families were enumerated as unsheltered in 2019. Assuming a 40% undercount, approximately 300,000 beds are needed to provide accommodations to all unsheltered persons.
- Of the projected 500,000 total beds needed (300,000 for unsheltered, 200,000 for sheltered), at a 40% infection rate at a given time, 200,000 of these beds should be suitable for observation of symptomatic persons or persons under quarantine.
- At a cost of approximately \$25,000 per unit per year, we estimate the annual cost of meeting this need at \$10 billion.
- Assuming a premium of \$7,500 per unit per year for more private accommodations for persons who are infected or under observation, including placement in hotels and motels, this would require an additional \$1.5 billion for those 200,000 beds.
- The total estimated cost to meet the additional need is approximately \$11.5 billion annually.

Map 2 shows the need for these additional capacity by U.S. county. This map reflects the geographical heterogeneity in unsheltered and single adult homelessness across the country, with need concentrated in a handful of areas and municipalities. Ten percent of all counties will need only one, single unit or bed to accommodate the additional need, and half will need fewer than 10 additional spaces. The counties in the top 1% of need will each require a minimum of 2,100 additional spaces, with Los Angeles County facing far and away the greatest need at 65,000 new units.

Map 2

Additional capacity required during the COVID-19 pandemic

County-level need estimated from 2019 HUD Point-in-Time counts



Source: Author calculations based on CoC data from U.S. Department of Housing & Urban Development 2019 Point-in-Time Estimates of Homelessness; U.S. Department of Housing and Urban Development 2019 CoC GIS Geodatabase
Grey areas indicate counties where no data is available.

Options for emergency accommodation and coordination of care

Given the high transmission rate of COVID-19, concerns have been expressed about the potential risk of congregate shelters, or shelters without private sleeping and bathing facilities. On March 22, the Centers for Disease Control issued [Interim Guidance for responding to COVID-19 among people experiencing unsheltered homelessness](#) along with [guidelines for homeless shelters and other service providers](#).

Decisions about the appropriate mix of rapid housing options must be made by individual jurisdictions based on local population needs, capacity for emergency accommodations, including vacant hotels and motels, and local government resources, but it is helpful to consider the basic principles of such an effort:

- 1) Emergency accommodations with private sleeping and bath space should be the preferred option for all clients and would be especially beneficial for individuals with known risk factors for COVID-19 complications.
- 2) Individuals in urgent need of protection – including the elderly, those with severe risk factors for COVID-19 complications, and those already presenting with respiratory symptoms – must be accommodated with considerable haste

- 3) Individuals with known or suspected coronavirus infections must be accommodated in private sleeping and bathing quarters, and such spaces should be made available well in excess of the likely number of infected individuals

This means that most jurisdictions will need to use all potential emergency accommodation options to protect homeless populations from disease risk. We review the specific options individually before suggesting some technologies that would assist in the broader effort.

Managing Encampments and Unsheltered Homelessness

The recently posted CDC guidance discourages the clearance of encampments that frequently occurs under normal conditions and can lead to temporary or permanent disruptions that could lead to more harm than benefit. It recommends basic prevention measures for encampments:

- 1) encampments members should be encouraged to sleep with 12x12 feet of space per individual tent
- 2) public restrooms with water taps, soap and sanitizer should be made available 24 hours per day, and
- 3) portable toilets and handwashing facilities should be made available for encampments with encampments with 10 or more people.

The report does not recommend strategies for encampments where these prevention measures cannot be implemented. Nor does it make specific prevention recommendations for individuals living outside of large encampments. We note that in Los Angeles, the city with by far the largest unsheltered population, only 24% of unsheltered homeless individuals actually live in encampments of any size, with a much smaller share living in large encampments. A recent study also found that individuals with longer exposure to homelessness, and thus potential greater health risks, were actually more likely to live in a sidewalk or alley and less likely to live in an encampment.¹⁷ In other words, in many cities, the vast majority of unsheltered homeless individuals, and an even greater share of the most vulnerable, are alone, unprotected, difficult to reach, highly dependent on services that may be unsustainable through the crisis, and unlikely to receive sanitation access.

Those living in encampments or even in individual unsheltered spaces who have the ability and the desire to shelter in place should be encouraged to do so, because this will reduce demand for other emergency accommodations. But concerns about the ability to detect disease, maintain sanitation and meet basic needs – particularly if outreach capacity were to diminish – means that the bar for sheltering in place would ideally be set high. Building on the CDC guidelines, the following conditions should ideally be met for any encampment sheltering in place

- Ability to maintain social distance among encampment residents and from others outside the encampment
- Ability to maintain adequate handwashing and sanitation for a long duration of delayed service
- Ability to assess and report suspected infections, meaning either regular access to outreach workers or to mobile phones with reliable service and electrical power
- Ability to maintain adequate food, water and medicine supplies through local stores or service providers

Encampments or individuals failing to meet these criteria may face severe risk of infection and indirect consequences in the event of a more severe emergency.

Congregate shelters: Congregate shelters are the predominant form of emergency accommodation within homelessness assistance systems. Bed densities are often high, and can include bunk beds in many cases. Per the CDC guidelines¹⁸ and FEMA recommendations, 100-110 square feet of space should be allocated per bed, aligned in head-to-toe formation. For many facilities, this will require a reduction in bed capacity in a given location, and the establishment of additional offsetting bed capacity elsewhere to sustain current supply. Consideration should be given to the provision of adequate hygiene and toilet facilities, and frequent, routine cleaning.

Private accommodations: The ideal scenario would involve private accommodations for all clients. Private accommodations would dramatically reduce the likely transmission of disease relative to congregate shelters. The problem lies with the supply and the speed at which options can be mobilized. In the initial stages of the pandemic, some municipalities have sought to use campers and a variety of temporary disaster shelters that could be placed in empty areas. This approach is both slow and costly, and also potentially depends on people moving to isolated areas with open space. More recently, a number of cities have begun to scale up the use of hotels. Hotels have the advantage of already existing. Under usual conditions, hotel rooms would be not available. But in the current crisis, the use of hotels for emergency accommodation offers the added benefit of generating revenue for empty hotels and the often low-wage workers who operate hotels. Cities such as San Francisco, San Diego and Philadelphia have already mobilized hotel space for isolate of confirmed or suspected cases. In San Francisco, a group of city Supervisors have mobilized a more ambitious plan to enroll hotels accounting for 8,500 rooms into a proposed program, with buy-in from both owners and worker's unions. This approach may offer a more scalable alternative to constructing shelters.

Finally, we note that a sizable share of unsheltered individuals live in vehicles, some already parked in safe parking sites and others scattered throughout cities. Additional safe parking facilities should be opened, and individuals living in vehicles should be encouraged to move to these locations for safety and security.

Emergency coordination of care: Regardless of the exact mix of emergency accommodations, the COVID-19 response would be greatly enhanced by the mobilization of better information and communication technology, evidence, and disease transmission models. In particular, we recommend the rapid adoption of SMS/mobile alert systems that would allow a broad spectrum of emergency outreach activities with relatively simple technologies. Prior research shows that nearly 95% of persons experiencing homelessness own cell phones and the vast majority make use of text messaging,¹⁹ thus highlighting the feasibility of this approach in terms of reach. We also note some specific advantages of this approach, all of which would serve both to enhance the reach of existing methods while also reducing burdens on outreach worker and freeing up their time to support high-need cases:

- 1) An alert system could remind people of new emergency opportunities as they come onstream, and allow people to link to location-based maps of the nearest facilities.
- 2) Alert systems could update both the sheltered and unsheltered of any sudden changes in rules or procedure, for instance if lockdown restrictions are tightened, eased or reimplemented.
- 3) For those who remain unsheltered, surveys pushed out over an alert system would serve as a valuable real-time tool for early detection tool, for monitoring social distancing patterns, and for delivering hygiene, cleanups and medical care to those who request it.
- 4) For those moving into emergency accommodations, whether shelters or private rooms, the alert system could disseminate surveys to monitor social distancing, personal security and threat perception among those who have received shelter.

- 5) Over time, needs assessments could be adapted to assess whether unsheltered and sheltered clients have lost access to essential treatments and medicines, in order to avoid indirect consequences of the pandemic.

Conclusion

The COVID-19 pandemic is creating a severe and emergent health crisis for the homeless population across the United States, a crisis that our shelter and health systems are simply not adequately prepared to meet. The current virus, when scaffolded on top of the already present crisis of aged homelessness, as well as a myriad of other factors impacting this population, is likely to wreak havoc on this already highly vulnerable group.

For the 500,000 single adults who experience homelessness on a given night, the current crisis is likely to cause upwards of 21,000 hospitalizations and 3,400 deaths. Given an annual shelter turnover rate of at least 3 – meaning that over the course of a year at least three times the PIT-estimate will experience homelessness and the confined and harsh conditions that come with it, the infection, critical care, and fatality rates presented here are almost certainly lower bound estimates. Compounding this, we model these rates and solutions for current (2019) levels of homelessness. While economists are only beginning to quantify the short-and long-term economic impacts of this pandemic, we are almost certain to see a recession resulting from the infection itself, resultant social distancing, and general market uncertainty. Predictions vary widely, but the current record unemployment claims will be followed by additional housing instability and homelessness that will further stretch an already taxed homelessness assistance system.

There are limitations to this study that should be noted. We apply homogenous rates of infections, hospitalizations, critical cases, and mortality across the country, though they will certainly vary by region and county in ways that we were not able to model. Second, we model those rates based on a single Point-in-Time estimate of homelessness though, as noted above, households enter and exit homelessness over the course of a year. Third, this study is notably limited in its scope. It is intended to model potential infection rates and the capacity required to provide every homeless person safe accommodation. It is not meant to prescribe the specifics of those facilities, and policymakers and practitioners are advised to take their cues from research more specifically devoted to that cause, with a particular emphasis on the aforementioned CDC guidelines and the public health community more generally.

There are obvious and immediate steps that we can take to mitigate this situation. By creating adequate and humane accommodations for people living unsheltered, leveraging existing private units like hotels while creating new ones as feasible, and reconfiguring existing facilities to accommodate social distancing and isolate symptomatic individuals, lives can be saved. Federal, state and local governments will need to collaborate around the funding, staffing and siting of facilities. But the urgency is clear, as is the moral imperative to act.

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Appendix: Additional Capacity Need and Cost, by Continuum of Care

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
AK-500, Anchorage	136	702	351	487	\$12,170,000.00	\$2,513,400.00	\$14,683,400.00
AK-501, Alaska Balance of State	246	416	208	454	\$11,360,000.00	\$1,987,200.00	\$13,347,200.00
AL-500, Birmingham/Jefferson, St. Clair, Shelby Counties	456	466	233	689	\$17,235,000.00	\$2,767,200.00	\$20,002,200.00
AL-501 Mobile City & County/Baldwin County	283	150	75	358	\$8,945,000.00	\$1,298,400.00	\$10,243,400.00
AL-502 Florence/Northwest Alabama	281	182	91	372	\$9,310,000.00	\$1,390,200.00	\$10,700,200.00
AL-503 Huntsville/North Alabama	122	253	127	248	\$6,207,500.00	\$1,124,400.00	\$7,331,900.00
AL-504 Montgomery City & County	80	171	86	165	\$4,132,500.00	\$752,400.00	\$4,884,900.00
AL-505 Gadsden/Northeast Alabama	209	62	31	240	\$5,990,000.00	\$811,800.00	\$6,801,800.00
AL-506 Tuscaloosa City & County	0	27	14	14	\$337,500.00	\$81,000.00	\$418,500.00
AL-507 Alabama Balance of State	237	89	45	281	\$7,027,500.00	\$976,800.00	\$8,004,300.00
AR-500 Little Rock/Central Arkansas	802	355	178	980	\$24,492,500.00	\$3,471,600.00	\$27,964,100.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
AR-501 Fayetteville/Northwest Arkansas	332	223	112	443	\$11,082,500.00	\$1,664,400.00	\$12,746,900.00
AR-503 Arkansas Balance of State	763	232	116	879	\$21,975,000.00	\$2,985,000.00	\$24,960,000.00
AR-505 Southeast Arkansas	0	35	18	18	\$437,500.00	\$105,000.00	\$542,500.00
AR-508 Fort Smith	84	127	64	148	\$3,687,500.00	\$633,000.00	\$4,320,500.00
AZ-500 Arizona Balance of State	1,376	682	341	1,717	\$42,930,000.00	\$6,174,600.00	\$49,104,600.00
AZ-501 Tucson/Pima County	505	639	320	825	\$20,622,500.00	\$3,433,200.00	\$24,055,700.00
AZ-502 Phoenix, Mesa/Maricopa County	4,463	1,718	859	5,322	\$133,055,000.00	\$18,543,600.00	\$151,598,600.00
CA-500 San Jose/Santa Clara City & County	11,091	1,089	545	11,635	\$290,882,500.00	\$36,539,400.00	\$327,421,900.00
CA-501 San Francisco	7,252	2,232	1,116	8,368	\$209,200,000.00	\$28,452,000.00	\$237,652,000.00
CA-502 Oakland, Berkeley/Alameda County	8,837	1,185	593	9,429	\$235,732,500.00	\$30,065,400.00	\$265,797,900.00
CA-503 Sacramento City & County	5,460	1,096	548	6,008	\$150,200,000.00	\$19,668,000.00	\$169,868,000.00
CA-504 Santa Rosa, Petaluma/Sonoma County	2,740	741	371	3,110	\$77,757,500.00	\$10,442,400.00	\$88,199,900.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
CA-505 Richmond/Contra Costa County	2,278	477	239	2,516	\$62,907,500.00	\$8,264,400.00	\$71,171,900.00
CA-506 Salinas/Monterey, San Benito Counties	2,797	342	171	2,968	\$74,205,000.00	\$9,417,600.00	\$83,622,600.00
CA-507 Marin County	991	196	98	1,089	\$27,230,000.00	\$3,561,600.00	\$30,791,600.00
CA-508 Watsonville/Santa Cruz City & County	2,380	271	136	2,516	\$62,887,500.00	\$7,953,000.00	\$70,840,500.00
CA-509 Mendocino County	753	152	76	829	\$20,730,000.00	\$2,715,600.00	\$23,445,600.00
CA-510 Turlock, Modesto/Stanislaus County	1,523	499	250	1,773	\$44,317,500.00	\$6,066,600.00	\$50,384,100.00
CA-511 Stockton/San Joaquin County	2,181	554	277	2,458	\$61,455,000.00	\$8,205,600.00	\$69,660,600.00
CA-512 Daly/San Mateo County	1,261	272	136	1,397	\$34,935,000.00	\$4,600,200.00	\$39,535,200.00
CA-513 Visalia/Kings, Tulare Counties	1,085	188	94	1,179	\$29,475,000.00	\$3,819,000.00	\$33,294,000.00
CA-514 Fresno City & County/Madera County	2,897	214	107	3,004	\$75,090,000.00	\$9,331,800.00	\$84,421,800.00
CA-515 Roseville, Rocklin/Placer County	414	202	101	515	\$12,885,000.00	\$1,849,200.00	\$14,734,200.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
CA-516 Redding/Shasta, Siskiyou, Lassen, Plumas, Del Norte, Modoc, Sierra Counties	1,128	363	182	1,310	\$32,747,500.00	\$4,474,200.00	\$37,221,700.00
CA-517 Napa City & County	210	125	63	273	\$6,812,500.00	\$1,005,000.00	\$7,817,500.00
CA-518 Vallejo/Solano County	1,305	148	74	1,379	\$34,470,000.00	\$4,358,400.00	\$38,828,400.00
CA-519 Chico, Paradise/Butte County	1,173	247	124	1,297	\$32,417,500.00	\$4,260,600.00	\$36,678,100.00
CA-520 Merced City & County	403	144	72	475	\$11,880,000.00	\$1,641,600.00	\$13,521,600.00
CA-521 Davis, Woodland/Yolo County	556	124	62	618	\$15,445,000.00	\$2,039,400.00	\$17,484,400.00
CA-522 Humboldt County	1,963	190	95	2,058	\$51,445,000.00	\$6,458,400.00	\$57,903,400.00
CA-523 Colusa, Glenn, Trinity Counties	210	3	2	212	\$5,287,500.00	\$639,000.00	\$5,926,500.00
CA-524 Yuba City & County/Sutter County	727	105	53	779	\$19,477,500.00	\$2,494,800.00	\$21,972,300.00
CA-525 El Dorado County	672	114	57	729	\$18,225,000.00	\$2,358,000.00	\$20,583,000.00
CA-526 Amador, Calaveras, Mariposa, Tuolumne Counties	962	56	28	990	\$24,745,000.00	\$3,053,400.00	\$27,798,400.00
CA-527 Tehama County	301	43	22	323	\$8,062,500.00	\$1,032,000.00	\$9,094,500.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
CA-529 Lake County	535	10	5	540	\$13,495,000.00	\$1,634,400.00	\$15,129,400.00
CA-530 Alpine, Inyo, Mono Counties	276	9	5	280	\$7,007,500.00	\$854,400.00	\$7,861,900.00
CA-531 Nevada County	351	119	60	411	\$10,272,500.00	\$1,411,200.00	\$11,683,700.00
CA-600 Los Angeles City & County	59,459	6,851	3,426	62,885	\$1,572,122,500.00	\$198,931,200.00	\$1,771,053,700.00
CA-601 San Diego City and County	6,266	2,361	1,181	7,447	\$186,172,500.00	\$25,882,200.00	\$212,054,700.00
CA-602 Santa Ana, Anaheim/Orange County	5,545	1,745	873	6,418	\$160,447,500.00	\$21,871,200.00	\$182,318,700.00
CA-603 Santa Maria/Santa Barbara County	1,586	344	172	1,758	\$43,955,000.00	\$5,790,600.00	\$49,745,600.00
CA-604 Bakersfield/Kern County	1,127	348	174	1,301	\$32,525,000.00	\$4,425,000.00	\$36,950,000.00
CA-606 Long Beach	1,785	471	236	2,021	\$50,512,500.00	\$6,768,000.00	\$57,280,500.00
CA-607 Pasadena	449	144	72	521	\$13,035,000.00	\$1,780,200.00	\$14,815,200.00
CA-608 Riverside City & County	2,863	490	245	3,108	\$77,700,000.00	\$10,059,000.00	\$87,759,000.00
CA-609 San Bernardino City & County	2,688	269	135	2,823	\$70,562,500.00	\$8,871,000.00	\$79,433,500.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
CA-611 Oxnard, San Buenaventura/Ventura County	1,761	221	111	1,872	\$46,792,500.00	\$5,946,600.00	\$52,739,100.00
CA-612 Glendale	206	30	15	221	\$5,520,000.00	\$707,400.00	\$6,227,400.00
CA-613 Imperial County	1,715	96	48	1,763	\$44,075,000.00	\$5,433,000.00	\$49,508,000.00
CA-614 San Luis Obispo County	1,641	173	87	1,727	\$43,182,500.00	\$5,441,400.00	\$48,623,900.00
CO-500 Colorado Balance of State	1,117	1,085	543	1,660	\$41,492,500.00	\$6,606,600.00	\$48,099,100.00
CO-503 Metropolitan Denver	1,324	3,390	1,695	3,019	\$75,485,000.00	\$14,143,200.00	\$89,628,200.00
CO-504 Colorado Springs/El Paso County	622	718	359	981	\$24,515,000.00	\$4,018,800.00	\$28,533,800.00
CT-503 Bridgeport, Stamford, Norwalk, Danbury/Fairfield County	137	378	189	326	\$8,155,000.00	\$1,545,600.00	\$9,700,600.00
CT-505 Connecticut Balance of State	501	1,265	633	1,134	\$28,342,500.00	\$5,298,600.00	\$33,641,100.00
DC-500 District of Columbia	851	3,267	1,634	2,485	\$62,117,500.00	\$12,354,600.00	\$74,472,100.00
DE-500 Delaware Statewide	133	489	245	378	\$9,437,500.00	\$1,866,000.00	\$11,303,500.00
FL-500 Sarasota, Bradenton/Manatee, Sarasota Counties	560	584	292	852	\$21,300,000.00	\$3,432,000.00	\$24,732,000.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
FL-501 Tampa/Hillsborough County	941	508	254	1,195	\$29,870,000.00	\$4,346,400.00	\$34,216,400.00
FL-502 St. Petersburg, Clearwater, Largo/Pinellas County	1,168	1,133	567	1,734	\$43,352,500.00	\$6,901,800.00	\$50,254,300.00
FL-503 Lakeland, Winterhaven/Polk County	160	260	130	290	\$7,240,000.00	\$1,258,800.00	\$8,498,800.00
FL-504 Deltona, Daytona Beach/Volusia, Flagler Counties	710	89	45	754	\$18,857,500.00	\$2,396,400.00	\$21,253,900.00
FL-505 Fort Walton Beach/Okaloosa, Walton Counties	328	114	57	385	\$9,615,000.00	\$1,324,800.00	\$10,939,800.00
FL-506 Tallahassee/Leon County	127	669	335	462	\$11,547,500.00	\$2,389,200.00	\$13,936,700.00
FL-507 Orlando/Orange, Osceola, Seminole Counties	470	932	466	936	\$23,410,000.00	\$4,207,200.00	\$27,617,200.00
FL-508 Gainesville/Alachua, Putnam Counties	697	198	99	796	\$19,905,000.00	\$2,685,600.00	\$22,590,600.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
FL-509 Fort Pierce/St. Lucie, Indian River, Martin Counties	1,883	52	26	1,909	\$47,725,000.00	\$5,805,000.00	\$53,530,000.00
FL-510 Jacksonville-Duval, Clay Counties	711	857	429	1,140	\$28,492,500.00	\$4,704,600.00	\$33,197,100.00
FL-511 Pensacola/Escambia, Santa Rosa Counties	248	304	152	400	\$9,995,000.00	\$1,655,400.00	\$11,650,400.00
FL-512 St. Johns County	280	52	26	306	\$7,650,000.00	\$996,000.00	\$8,646,000.00
FL-513 Palm Bay, Melbourne/Brevard County	556	230	115	671	\$16,770,000.00	\$2,357,400.00	\$19,127,400.00
FL-514 Ocala/Marion County	251	188	94	345	\$8,615,000.00	\$1,315,800.00	\$9,930,800.00
FL-515 Panama City/Bay, Jackson Counties	497	116	58	555	\$13,875,000.00	\$1,839,000.00	\$15,714,000.00
FL-517 Hendry, Hardee, Highlands Counties	490	0	0	490	\$12,250,000.00	\$1,470,000.00	\$13,720,000.00
FL-518 Columbia, Hamilton, Lafayette, Suwannee Counties	595	58	29	624	\$15,600,000.00	\$1,959,000.00	\$17,559,000.00
FL-519 Pasco County	963	74	37	1,000	\$25,005,000.00	\$3,111,600.00	\$28,116,600.00
FL-520 Citrus, Hernando, Lake, Sumter Counties	463	184	92	555	\$13,885,000.00	\$1,942,200.00	\$15,827,200.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
FL-600 Miami-Dade County	1,411	1,267	634	2,045	\$51,117,500.00	\$8,034,600.00	\$59,152,100.00
FL-601 Ft Lauderdale/Broward County	1,890	986	493	2,383	\$59,575,000.00	\$8,628,000.00	\$68,203,000.00
FL-602 Punta Gorda/Charlotte County	94	64	32	126	\$3,145,000.00	\$473,400.00	\$3,618,400.00
FL-603 Ft Myers, Cape Coral/Lee County	227	129	65	291	\$7,282,500.00	\$1,067,400.00	\$8,349,900.00
FL-604 Monroe County	293	267	134	426	\$10,652,500.00	\$1,678,800.00	\$12,331,300.00
FL-605 West Palm Beach/Palm Beach County	1,316	210	105	1,421	\$35,525,000.00	\$4,578,000.00	\$40,103,000.00
FL-606 Naples/Collier County	139	254	127	266	\$6,640,000.00	\$1,177,800.00	\$7,817,800.00
GA-500 Atlanta	1,007	2,001	1,001	2,007	\$50,177,500.00	\$9,022,800.00	\$59,200,300.00
GA-501 Georgia Balance of State	3,167	799	400	3,566	\$89,157,500.00	\$11,897,400.00	\$101,054,900.00
GA-502 Fulton County	106	330	165	271	\$6,785,000.00	\$1,309,200.00	\$8,094,200.00
GA-503 Athens-Clarke County	77	106	53	130	\$3,250,000.00	\$549,000.00	\$3,799,000.00
GA-504 Augusta-Richmond County	225	167	84	309	\$7,722,500.00	\$1,177,200.00	\$8,899,700.00
GA-505 Columbus-Muscogee	73	165	83	155	\$3,882,500.00	\$713,400.00	\$4,595,900.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
GA-506 Marietta/Cobb County	178	190	95	273	\$6,820,000.00	\$1,103,400.00	\$7,923,400.00
GA-507 Savannah/Chatham County	323	347	174	497	\$12,422,500.00	\$2,011,200.00	\$14,433,700.00
GA-508 DeKalb County	276	64	32	308	\$7,695,000.00	\$1,019,400.00	\$8,714,400.00
GU-500 Guam	1,070	28	14	1,084	\$27,090,000.00	\$3,292,800.00	\$30,382,800.00
HI-500 Hawaii Balance of State	1,732	251	126	1,857	\$46,432,500.00	\$5,948,400.00	\$52,380,900.00
HI-501 Honolulu City and County	3,364	983	492	3,856	\$96,392,500.00	\$13,041,600.00	\$109,434,100.00
IA-500 Sioux City/Dakota, Woodbury Counties	10	155	78	87	\$2,182,500.00	\$494,400.00	\$2,676,900.00
IA-501 Iowa Balance of State	125	762	381	506	\$12,640,000.00	\$2,659,800.00	\$15,299,800.00
IA-502 Des Moines/Polk County	129	452	226	355	\$8,870,000.00	\$1,742,400.00	\$10,612,400.00
ID-500 Boise/Ada County	85	507	254	339	\$8,472,500.00	\$1,777,200.00	\$10,249,700.00
ID-501 Idaho Balance of State	1,294	324	162	1,456	\$36,390,000.00	\$4,852,800.00	\$41,242,800.00
IL-500 McHenry County	1	92	46	47	\$1,185,000.00	\$280,200.00	\$1,465,200.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
IL-501 Rockford/DeKalb, Winnebago, Boone Counties	63	212	106	169	\$4,225,000.00	\$825,000.00	\$5,050,000.00
IL-502 Waukegan, North Chicago/Lake County	45	125	63	107	\$2,682,500.00	\$509,400.00	\$3,191,900.00
IL-503 Champaign, Urbana, Rantoul/Champaign County	3	79	40	42	\$1,057,500.00	\$245,400.00	\$1,302,900.00
IL-504 Madison County	45	37	19	63	\$1,582,500.00	\$245,400.00	\$1,827,900.00
IL-506 Joliet, Bolingbrook/Will County	60	138	69	129	\$3,230,000.00	\$594,600.00	\$3,824,600.00
IL-507 Peoria, Pekin/Fulton, Tazewell, Peoria, Woodford Counties	21	192	96	117	\$2,925,000.00	\$639,000.00	\$3,564,000.00
IL-508 East St. Louis, Belleville/St. Clair County	132	55	28	159	\$3,977,500.00	\$559,800.00	\$4,537,300.00
IL-510 Chicago	1,764	2,024	1,012	2,776	\$69,400,000.00	\$11,364,000.00	\$80,764,000.00
IL-511 Cook County	147	447	224	371	\$9,262,500.00	\$1,782,000.00	\$11,044,500.00
IL-512 Bloomington/Central Illinois	85	168	84	169	\$4,235,000.00	\$760,200.00	\$4,995,200.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
IL-513 Springfield/Sangamon County	35	179	90	125	\$3,112,500.00	\$642,000.00	\$3,754,500.00
IL-514 DuPage County	14	175	88	102	\$2,537,500.00	\$567,000.00	\$3,104,500.00
IL-515 South Central Illinois	49	32	16	65	\$1,625,000.00	\$243,000.00	\$1,868,000.00
IL-516 Decatur/Macon County	15	108	54	69	\$1,735,000.00	\$370,200.00	\$2,105,200.00
IL-517 Aurora, Elgin/Kane County	63	290	145	208	\$5,200,000.00	\$1,059,000.00	\$6,259,000.00
IL-518 Rock Island, Moline/Northwestern Illinois	22	127	64	86	\$2,147,500.00	\$448,200.00	\$2,595,700.00
IL-519 West Central Illinois	3	34	17	20	\$495,000.00	\$110,400.00	\$605,400.00
IL-520 Southern Illinois	77	134	67	144	\$3,600,000.00	\$633,000.00	\$4,233,000.00
IN-502 Indiana Balance of State	752	2,095	1,048	1,799	\$44,982,500.00	\$8,540,400.00	\$53,522,900.00
IN-503 Indianapolis	147	1,032	516	663	\$16,575,000.00	\$3,537,000.00	\$20,112,000.00
KS-502 Wichita/Sedgwick County	80	369	185	264	\$6,607,500.00	\$1,346,400.00	\$7,953,900.00
KS-503 Topeka/Shawnee County	95	264	132	227	\$5,680,000.00	\$1,077,600.00	\$6,757,600.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
KS-505 Overland Park, Shawnee/Johnson County	55	70	35	90	\$2,240,000.00	\$373,800.00	\$2,613,800.00
KS-507 Kansas Balance of State	328	558	279	607	\$15,165,000.00	\$2,656,800.00	\$17,821,800.00
KY-500 Kentucky Balance of State	910	996	498	1,408	\$35,200,000.00	\$5,718,000.00	\$40,918,000.00
KY-501 Louisville-Jefferson County	165	691	346	511	\$12,767,500.00	\$2,568,600.00	\$15,336,100.00
KY-502 Lexington-Fayette County	15	665	333	348	\$8,697,500.00	\$2,041,200.00	\$10,738,700.00
LA-500 Lafayette/Acadiana	217	122	61	278	\$6,950,000.00	\$1,017,000.00	\$7,967,000.00
LA-502 Shreveport, Bossier/Northwest Louisiana	84	158	79	163	\$4,075,000.00	\$726,000.00	\$4,801,000.00
LA-503 New Orleans/Jefferson Parish	602	588	294	896	\$22,400,000.00	\$3,570,000.00	\$25,970,000.00
LA-505 Monroe/Northeast Louisiana	24	70	35	59	\$1,470,000.00	\$281,400.00	\$1,751,400.00
LA-506 Slidell/Southeast Louisiana	106	131	66	172	\$4,297,500.00	\$712,200.00	\$5,009,700.00
LA-507 Alexandria/Central Louisiana	27	68	34	61	\$1,515,000.00	\$283,800.00	\$1,798,800.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
LA-509 Louisiana Balance of State	304	286	143	447	\$11,170,000.00	\$1,769,400.00	\$12,939,400.00
MA-500 Boston	169	2,243	1,122	1,291	\$32,272,500.00	\$7,237,200.00	\$39,509,700.00
MA-502 Lynn	7	73	37	44	\$1,087,500.00	\$240,000.00	\$1,327,500.00
MA-503 Cape Cod Islands	53	138	69	122	\$3,055,000.00	\$573,600.00	\$3,628,600.00
MA-504 Springfield/Hampden County	59	324	162	221	\$5,520,000.00	\$1,148,400.00	\$6,668,400.00
MA-505 New Bedford	74	178	89	163	\$4,080,000.00	\$756,600.00	\$4,836,600.00
MA-506 Worcester City & County	237	487	244	480	\$12,002,500.00	\$2,170,800.00	\$14,173,300.00
MA-507 Pittsfield/Berkshire, Franklin, Hampshire Counties	48	328	164	212	\$5,290,000.00	\$1,126,800.00	\$6,416,800.00
MA-508 Lowell	22	205	103	125	\$3,122,500.00	\$682,200.00	\$3,804,700.00
MA-509 Cambridge	81	326	163	244	\$6,105,000.00	\$1,221,600.00	\$7,326,600.00
MA-510 Gloucester, Haverhill, Salem/Esssex County	71	203	102	173	\$4,322,500.00	\$823,200.00	\$5,145,700.00
MA-511 Quincy, Brockton, Weymouth, Plymouth City and County	18	356	178	196	\$4,905,000.00	\$1,122,600.00	\$6,027,600.00
MA-515 Fall River	6	62	31	37	\$915,000.00	\$202,800.00	\$1,117,800.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
MA-516 Massachusetts Balance of State	253	324	162	415	\$10,385,000.00	\$1,732,200.00	\$12,117,200.00
MA-517 Somerville	14	85	43	57	\$1,412,500.00	\$297,000.00	\$1,709,500.00
MA-519 Attleboro, Taunton/Bristol County	48	38	19	67	\$1,665,000.00	\$256,800.00	\$1,921,800.00
MD-500 Cumberland/Allegany County	52	58	29	81	\$2,020,000.00	\$329,400.00	\$2,349,400.00
MD-501 Baltimore	532	1,552	776	1,308	\$32,700,000.00	\$6,252,000.00	\$38,952,000.00
MD-502 Harford County	32	73	37	69	\$1,717,500.00	\$315,600.00	\$2,033,100.00
MD-503 Annapolis/Anne Arundel County	85	166	83	168	\$4,210,000.00	\$754,200.00	\$4,964,200.00
MD-504 Howard County	101	55	28	128	\$3,207,500.00	\$467,400.00	\$3,674,900.00
MD-505 Baltimore County	349	232	116	465	\$11,615,000.00	\$1,741,800.00	\$13,356,800.00
MD-506 Carroll County	32	64	32	64	\$1,605,000.00	\$288,600.00	\$1,893,600.00
MD-507 Cecil County	31	59	30	60	\$1,507,500.00	\$269,400.00	\$1,776,900.00
MD-508 Charles, Calvert, St.Mary's Counties	160	132	66	226	\$5,640,000.00	\$874,800.00	\$6,514,800.00
MD-509 Frederick City & County	109	134	67	176	\$4,405,000.00	\$729,600.00	\$5,134,600.00
MD-510 Garrett County	1	11	6	7	\$172,500.00	\$37,200.00	\$209,700.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
MD-511 Mid-Shore Regional	25	63	32	57	\$1,417,500.00	\$264,600.00	\$1,682,100.00
MD-512 Hagerstown/Washington County	119	139	70	189	\$4,712,500.00	\$774,000.00	\$5,486,500.00
MD-513 Wicomico, Somerset, Worcester Counties	52	161	81	132	\$3,307,500.00	\$638,400.00	\$3,945,900.00
MD-600 Prince George's County	102	127	64	166	\$4,142,500.00	\$687,600.00	\$4,830,100.00
MD-601 Montgomery County	105	344	172	277	\$6,925,000.00	\$1,347,000.00	\$8,272,000.00
ME-500 Maine Statewide	133	1,125	563	696	\$17,387,500.00	\$3,774,000.00	\$21,161,500.00
MI-500 Michigan Balance of State	188	518	259	447	\$11,165,000.00	\$2,116,800.00	\$13,281,800.00
MI-501 Detroit	120	1,285	643	763	\$19,072,500.00	\$4,216,200.00	\$23,288,700.00
MI-502 Dearborn, Dearborn Heights, Westland/Wayne County	24	63	32	55	\$1,382,500.00	\$260,400.00	\$1,642,900.00
MI-503 St. Clair Shores, Warren/Macomb County	28	175	88	116	\$2,887,500.00	\$609,000.00	\$3,496,500.00
MI-504 Pontiac, Royal Oak/Oakland County	60	219	110	170	\$4,242,500.00	\$837,600.00	\$5,080,100.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
MI-505 Flint/Genesee County	67	240	120	187	\$4,680,000.00	\$921,600.00	\$5,601,600.00
MI-506 Grand Rapids, Wyoming/Kent County	22	419	210	232	\$5,797,500.00	\$1,324,200.00	\$7,121,700.00
MI-507 Portage, Kalamazoo City & County	242	284	142	384	\$9,605,000.00	\$1,578,600.00	\$11,183,600.00
MI-508 Lansing, East Lansing/Ingham County	14	287	144	158	\$3,937,500.00	\$903,000.00	\$4,840,500.00
MI-509 Washtenaw County	17	181	91	107	\$2,682,500.00	\$593,400.00	\$3,275,900.00
MI-510 Saginaw City & County	17	168	84	101	\$2,520,000.00	\$554,400.00	\$3,074,400.00
MI-511 Lenawee County	4	57	29	33	\$817,500.00	\$183,600.00	\$1,001,100.00
MI-512 Grand Traverse, Antrim, Leelanau Counties	6	118	59	65	\$1,615,000.00	\$370,800.00	\$1,985,800.00
MI-513 Marquette, Alger Counties	0	30	15	15	\$375,000.00	\$90,000.00	\$465,000.00
MI-514 Battle Creek/Calhoun County	53	114	57	110	\$2,755,000.00	\$501,600.00	\$3,256,600.00
MI-515 Monroe City & County	0	91	46	46	\$1,137,500.00	\$273,000.00	\$1,410,500.00
MI-516 Norton Shores, Muskegon City & County	22	71	36	58	\$1,447,500.00	\$280,200.00	\$1,727,700.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
MI-517 Jackson City & County	18	77	39	57	\$1,417,500.00	\$285,600.00	\$1,703,100.00
MI-518 Livingston County	0	40	20	20	\$500,000.00	\$120,000.00	\$620,000.00
MI-519 Holland/Ottawa County	24	113	57	80	\$2,007,500.00	\$410,400.00	\$2,417,900.00
MI-523 Eaton County	0	3	2	2	\$37,500.00	\$9,000.00	\$46,500.00
MN-500 Minneapolis/Hennepin County	844	1,441	721	1,565	\$39,117,500.00	\$6,855,600.00	\$45,973,100.00
MN-501 Saint Paul/Ramsey County	444	752	376	820	\$20,495,000.00	\$3,587,400.00	\$24,082,400.00
MN-502 Rochester/Southeast Minnesota	81	168	84	165	\$4,130,000.00	\$747,600.00	\$4,877,600.00
MN-503 Dakota, Anoka, Washington, Scott, Carver Counties	330	185	93	423	\$10,572,500.00	\$1,546,200.00	\$12,118,700.00
MN-504 Northeast Minnesota	39	19	10	49	\$1,217,500.00	\$174,600.00	\$1,392,100.00
MN-505 St. Cloud/Central Minnesota	298	174	87	385	\$9,630,000.00	\$1,416,600.00	\$11,046,600.00
MN-506 Northwest Minnesota	11	116	58	69	\$1,730,000.00	\$381,600.00	\$2,111,600.00
MN-508 Moorhead/West Central Minnesota	1	96	48	49	\$1,235,000.00	\$292,200.00	\$1,527,200.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
MN-509 Duluth/St.Louis County	256	146	73	329	\$8,230,000.00	\$1,206,600.00	\$9,436,600.00
MN-511 Southwest Minnesota	8	24	12	20	\$510,000.00	\$97,200.00	\$607,200.00
MO-500 St. Louis County	38	257	129	166	\$4,157,500.00	\$884,400.00	\$5,041,900.00
MO-501 St.Louis City	74	693	347	421	\$10,517,500.00	\$2,301,600.00	\$12,819,100.00
MO-503 St. Charles City & County, Lincoln, Warren Counties	178	143	72	249	\$6,232,500.00	\$962,400.00	\$7,194,900.00
MO-600 Springfield/Greene, Christian, Webster Counties	113	254	127	240	\$6,010,000.00	\$1,102,200.00	\$7,112,200.00
MO-602 Joplin/Jasper, Newton Counties	69	141	71	139	\$3,477,500.00	\$628,800.00	\$4,106,300.00
MO-603 St. Joseph/Andrew, Buchanan, DeKalb Counties	52	120	60	112	\$2,795,000.00	\$515,400.00	\$3,310,400.00
MO-604a Kansas City, Independence, Lee's Summit/Jackson, Wyandotte Counties, MO & KS	448	1,070	535	983	\$24,575,000.00	\$4,554,000.00	\$29,129,000.00
MO-606 Missouri Balance of State	503	595	298	800	\$20,002,500.00	\$3,292,800.00	\$23,295,300.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
MP-500 Northern Mariana Islands	2,502	18	9	2,511	\$62,770,000.00	\$7,559,400.00	\$70,329,400.00
MS-500 Jackson/Rankin, Madison Counties	148	240	120	268	\$6,710,000.00	\$1,165,200.00	\$7,875,200.00
MS-501 Mississippi Balance of State	265	193	97	361	\$9,027,500.00	\$1,372,800.00	\$10,400,300.00
MS-503 Gulf Port/Gulf Coast Regional	267	46	23	290	\$7,260,000.00	\$940,200.00	\$8,200,200.00
MT-500 Montana Statewide	483	656	328	811	\$20,275,000.00	\$3,417,000.00	\$23,692,000.00
NC-500 Winston-Salem/Forsyth County	34	356	178	212	\$5,290,000.00	\$1,168,800.00	\$6,458,800.00
NC-501 Asheville/Buncombe County	109	467	234	343	\$8,567,500.00	\$1,728,600.00	\$10,296,100.00
NC-502 Durham City & County	113	175	88	201	\$5,022,500.00	\$865,200.00	\$5,887,700.00
NC-503 North Carolina Balance of State	1,190	1,456	728	1,918	\$47,950,000.00	\$7,938,000.00	\$55,888,000.00
NC-504 Greensboro, High Point	85	399	200	285	\$7,122,500.00	\$1,453,200.00	\$8,575,700.00
NC-505 Charlotte/Mecklenberg	274	1,027	514	788	\$19,697,500.00	\$3,904,200.00	\$23,601,700.00
NC-506 Wilmington/Brunswick, New Hanover, Pender Counties	227	184	92	319	\$7,970,000.00	\$1,232,400.00	\$9,202,400.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
NC-507 Raleigh/Wake County	330	462	231	561	\$14,035,000.00	\$2,377,200.00	\$16,412,200.00
NC-509 Gastonia/Cleveland, Gaston, Lincoln Counties	101	164	82	183	\$4,570,000.00	\$794,400.00	\$5,364,400.00
NC-511 Fayetteville/Cumberland County	316	12	6	322	\$8,060,000.00	\$985,200.00	\$9,045,200.00
NC-513 Chapel Hill/Orange County	41	76	38	79	\$1,965,000.00	\$349,800.00	\$2,314,800.00
NC-516 Northwest North Carolina	354	111	56	410	\$10,242,500.00	\$1,395,600.00	\$11,638,100.00
ND-500 North Dakota Statewide	17	344	172	189	\$4,720,000.00	\$1,082,400.00	\$5,802,400.00
NE-500 Nebraska Balance of State	28	289	145	173	\$4,312,500.00	\$951,000.00	\$5,263,500.00
NE-501 Omaha, Council Bluffs	64	1,061	531	595	\$14,872,500.00	\$3,376,200.00	\$18,248,700.00
NE-502 Lincoln	62	235	118	179	\$4,477,500.00	\$889,800.00	\$5,367,300.00
NH-500 New Hampshire Balance of State	133	318	159	292	\$7,300,000.00	\$1,353,000.00	\$8,653,000.00
NH-501 Manchester	71	221	111	182	\$4,547,500.00	\$877,200.00	\$5,424,700.00
NH-502 Nashua/Hillsborough County	4	123	62	66	\$1,642,500.00	\$381,600.00	\$2,024,100.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
NJ-500 Atlantic City & County	134	232	116	250	\$6,260,000.00	\$1,099,200.00	\$7,359,200.00
NJ-501 Bergen County	6	173	87	92	\$2,302,500.00	\$535,800.00	\$2,838,300.00
NJ-502 Burlington County	32	216	108	140	\$3,505,000.00	\$744,600.00	\$4,249,600.00
NJ-503 Camden City & County/Gloucester, Cape May, Cumberland Counties	307	562	281	588	\$14,690,000.00	\$2,605,800.00	\$17,295,800.00
NJ-504 Newark/Essex County	473	1,035	518	991	\$24,767,500.00	\$4,524,600.00	\$29,292,100.00
NJ-506 Jersey City, Bayonne/Hudson County	374	458	229	603	\$15,070,000.00	\$2,495,400.00	\$17,565,400.00
NJ-507 New Brunswick/Middlesex County	189	226	113	302	\$7,550,000.00	\$1,245,000.00	\$8,795,000.00
NJ-508 Monmouth County	76	156	78	154	\$3,840,000.00	\$694,800.00	\$4,534,800.00
NJ-509 Morris County	59	183	92	150	\$3,757,500.00	\$725,400.00	\$4,482,900.00
NJ-510 Lakewood Township/Ocean County	42	151	76	118	\$2,937,500.00	\$579,000.00	\$3,516,500.00
NJ-511 Paterson/Passaic County	164	170	85	249	\$6,220,000.00	\$1,001,400.00	\$7,221,400.00
NJ-512 Salem County	0	8	4	4	\$100,000.00	\$24,000.00	\$124,000.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
NJ-513 Somerset County	8	191	96	104	\$2,597,500.00	\$598,200.00	\$3,195,700.00
NJ-514 Trenton/Mercer County	118	245	123	240	\$6,002,500.00	\$1,087,800.00	\$7,090,300.00
NJ-515 Elizabeth/Union County	55	201	101	155	\$3,877,500.00	\$766,800.00	\$4,644,300.00
NJ-516 Warren, Sussex, Hunterdon Counties	39	212	106	145	\$3,630,000.00	\$753,600.00	\$4,383,600.00
NM-500 Albuquerque	794	677	339	1,132	\$28,307,500.00	\$4,412,400.00	\$32,719,900.00
NM-501 New Mexico Balance of State	969	597	299	1,267	\$31,682,500.00	\$4,697,400.00	\$36,379,900.00
NV-500 Las Vegas/Clark County	4,644	1,877	939	5,582	\$139,557,500.00	\$19,562,400.00	\$159,119,900.00
NV-501 Reno, Sparks/Washoe County	316	875	438	754	\$18,847,500.00	\$3,574,200.00	\$22,421,700.00
NV-502 Nevada Balance of State	370	86	43	413	\$10,315,000.00	\$1,366,800.00	\$11,681,800.00
NY-500 Rochester, Irondequoit, Greece/Monroe County	49	561	281	330	\$8,237,500.00	\$1,830,000.00	\$10,067,500.00
NY-501 Elmira/Steuben, Allegany, Livingston, Chemung, Schuyler Counties	10	122	61	71	\$1,770,000.00	\$395,400.00	\$2,165,400.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
NY-503 Albany City & County	48	509	255	302	\$7,552,500.00	\$1,669,800.00	\$9,222,300.00
NY-504 Cattaragus County	0	26	13	13	\$325,000.00	\$78,000.00	\$403,000.00
NY-505 Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties	18	539	270	288	\$7,192,500.00	\$1,671,600.00	\$8,864,100.00
NY-507 Schenectady City & County	31	209	105	135	\$3,382,500.00	\$719,400.00	\$4,101,900.00
NY-508 Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties	46	502	251	297	\$7,430,000.00	\$1,644,600.00	\$9,074,600.00
NY-510 Ithaca/Tompkins County	0	122	61	61	\$1,525,000.00	\$366,000.00	\$1,891,000.00
NY-511 Binghamton, Union Town/Broome, Otsego, Chenango, Delaware, Cortland, Tioga Count	13	246	123	136	\$3,390,000.00	\$775,800.00	\$4,165,800.00
NY-512 Troy/Rensselaer County	14	106	53	67	\$1,675,000.00	\$360,000.00	\$2,035,000.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
NY-513 Wayne, Ontario, Seneca, Yates Counties	1	135	68	69	\$1,722,500.00	\$409,200.00	\$2,131,700.00
NY-514 Jamestown, Dunkirk/Chautauqua County	0	55	28	28	\$687,500.00	\$165,000.00	\$852,500.00
NY-516 Clinton County	1	130	65	66	\$1,660,000.00	\$394,200.00	\$2,054,200.00
NY-518 Utica, Rome/Oneida, Madison Counties	20	110	55	75	\$1,865,000.00	\$388,800.00	\$2,253,800.00
NY-519 Columbia, Greene Counties	6	93	47	52	\$1,302,500.00	\$295,800.00	\$1,598,300.00
NY-520 Franklin, Essex Counties	4	19	10	14	\$342,500.00	\$69,600.00	\$412,100.00
NY-522 Jefferson, Lewis, St. Lawrence Counties	6	35	18	23	\$577,500.00	\$121,800.00	\$699,300.00
NY-523 Glens Falls, Saratoga Springs/Saratoga, Washington, Warren, Hamilton Counties Co	10	202	101	111	\$2,770,000.00	\$635,400.00	\$3,405,400.00
NY-525 New York Balance of State Continuum of Care	6	72	36	42	\$1,040,000.00	\$232,800.00	\$1,272,800.00
NY-600 New York City	5,071	31,765	15,883	20,953	\$523,832,500.00	\$110,507,400.00	\$634,339,900.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
NY-601 Poughkeepsie/Dutchess County	14	259	130	144	\$3,587,500.00	\$819,000.00	\$4,406,500.00
NY-602 Newburgh, Middletown/Orange County	71	200	100	171	\$4,285,000.00	\$814,200.00	\$5,099,200.00
NY-603 Nassau, Suffolk Counties	64	1,092	546	610	\$15,260,000.00	\$3,469,200.00	\$18,729,200.00
NY-604 Yonkers, Mount Vernon/Westchester County	45	575	288	332	\$8,307,500.00	\$1,859,400.00	\$10,166,900.00
NY-606 Rockland County	60	102	51	111	\$2,780,000.00	\$486,600.00	\$3,266,600.00
NY-607 Sullivan County	0	59	30	30	\$737,500.00	\$177,000.00	\$914,500.00
NY-608 Kingston/Ulster County	59	130	65	124	\$3,095,000.00	\$566,400.00	\$3,661,400.00
OH-500 Cincinnati/Hamilton County	43	731	366	409	\$10,222,500.00	\$2,323,200.00	\$12,545,700.00
OH-501 Toledo/Lucas County	17	337	169	185	\$4,632,500.00	\$1,061,400.00	\$5,693,900.00
OH-502 Cleveland/Cuyahoga County	148	1,082	541	689	\$17,235,000.00	\$3,691,200.00	\$20,926,200.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
OH-503 Columbus/Franklin County	535	982	491	1,026	\$25,645,000.00	\$4,550,400.00	\$30,195,400.00
OH-504 Youngstown/Mahoning County	13	107	54	66	\$1,652,500.00	\$358,800.00	\$2,011,300.00
OH-505 Dayton, Kettering/Montgomery County	69	496	248	317	\$7,915,000.00	\$1,693,800.00	\$9,608,800.00
OH-506 Akron, Barberton/Summit County	122	317	159	280	\$7,007,500.00	\$1,316,400.00	\$8,323,900.00
OH-507 Ohio Balance of State	1,140	1,384	692	1,832	\$45,790,000.00	\$7,570,800.00	\$53,360,800.00
OH-508 Canton, Massillon, Alliance/Stark County	24	104	52	76	\$1,895,000.00	\$383,400.00	\$2,278,400.00
OK-500 North Central Oklahoma	10	118	59	69	\$1,720,000.00	\$383,400.00	\$2,103,400.00
OK-501 Tulsa City & County	414	667	334	748	\$18,697,500.00	\$3,244,200.00	\$21,941,700.00
OK-502 Oklahoma City	538	692	346	884	\$22,090,000.00	\$3,688,800.00	\$25,778,800.00
OK-503 Oklahoma Balance of State	232	84	42	274	\$6,860,000.00	\$949,200.00	\$7,809,200.00
OK-504 Norman/Cleveland County	301	84	42	343	\$8,575,000.00	\$1,155,000.00	\$9,730,000.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
OK-505 Northeast Oklahoma	99	69	35	134	\$3,347,500.00	\$505,200.00	\$3,852,700.00
OK-506 Southwest Oklahoma Regional	31	71	36	66	\$1,657,500.00	\$305,400.00	\$1,962,900.00
OK-507 Southeastern Oklahoma Regional	106	164	82	188	\$4,710,000.00	\$811,200.00	\$5,521,200.00
OR-500 Eugene, Springfield/Lane County	2,286	374	187	2,473	\$61,830,000.00	\$7,980,600.00	\$69,810,600.00
OR-501 Portland, Gresham/Multnomah County	2,852	1,673	837	3,688	\$92,207,500.00	\$13,574,400.00	\$105,781,900.00
OR-502 Medford, Ashland/Jackson County	510	263	132	641	\$16,027,500.00	\$2,317,800.00	\$18,345,300.00
OR-503 Central Oregon	860	212	106	966	\$24,140,000.00	\$3,214,800.00	\$27,354,800.00
OR-505 Oregon Balance of State	7,055	1,300	650	7,705	\$192,615,000.00	\$25,063,800.00	\$217,678,800.00
OR-506 Hillsboro, Beaverton/Washington County	325	187	94	418	\$10,457,500.00	\$1,535,400.00	\$11,992,900.00
OR-507 Clackamas County	312	178	89	401	\$10,030,000.00	\$1,470,600.00	\$11,500,600.00
PA-500 Philadelphia	1,362	2,532	1,266	2,628	\$65,705,000.00	\$11,682,600.00	\$77,387,600.00
PA-501 Harrisburg/Dauphin County	67	220	110	177	\$4,430,000.00	\$861,600.00	\$5,291,600.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
PA-502 Upper Darby, Chester, Haverford/Delaware County	67	175	88	155	\$3,867,500.00	\$726,600.00	\$4,594,100.00
PA-503 Wilkes-Barre, Hazleton/Luzerne County	10	90	45	55	\$1,370,000.00	\$299,400.00	\$1,669,400.00
PA-504 Lower Merion, Norristown, Abington/Montgomery County	27	96	48	75	\$1,865,000.00	\$367,800.00	\$2,232,800.00
PA-505 Chester County	28	374	187	215	\$5,375,000.00	\$1,206,000.00	\$6,581,000.00
PA-506 Reading/Berks County	14	445	223	237	\$5,912,500.00	\$1,377,000.00	\$7,289,500.00
PA-508 Scranton/Lackawanna County	13	122	61	74	\$1,840,000.00	\$403,800.00	\$2,243,800.00
PA-509 Eastern Pennsylvania	472	758	379	851	\$21,270,000.00	\$3,689,400.00	\$24,959,400.00
PA-510 Lancaster City & County	17	234	117	134	\$3,345,000.00	\$752,400.00	\$4,097,400.00
PA-511 Bristol, Bensalem/Bucks County	29	135	68	97	\$2,422,500.00	\$493,200.00	\$2,915,700.00
PA-512 York City & County	45	147	74	118	\$2,957,500.00	\$575,400.00	\$3,532,900.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
PA-600 Pittsburgh, McKeesport, Penn Hills/Allegheny County	67	481	241	308	\$7,692,500.00	\$1,644,600.00	\$9,337,100.00
PA-601 Western Pennsylvania	48	433	217	264	\$6,602,500.00	\$1,441,800.00	\$8,044,300.00
PA-603 Beaver County	8	46	23	31	\$785,000.00	\$163,200.00	\$948,200.00
PA-605 Erie City & County	8	241	121	129	\$3,222,500.00	\$748,200.00	\$3,970,700.00
PR-502 Puerto Rico Balance of Commonwealth	1,271	308	154	1,425	\$35,630,000.00	\$4,737,600.00	\$40,367,600.00
PR-503 South-Southeast Puerto Rico	1,389	189	95	1,483	\$37,082,500.00	\$4,733,400.00	\$41,815,900.00
RI-500 Rhode Island Statewide	99	663	332	431	\$10,772,500.00	\$2,287,200.00	\$13,059,700.00
SC-500 Charleston/Low Country	179	219	110	289	\$7,217,500.00	\$1,194,600.00	\$8,412,100.00
SC-501 Greenville, Anderson, Spartanburg/Upstate	708	658	329	1,037	\$25,935,000.00	\$4,099,200.00	\$30,034,200.00
SC-502 Columbia/Midlands	409	705	353	761	\$19,032,500.00	\$3,341,400.00	\$22,373,900.00
SC-503 Myrtle Beach, Sumter City & County	1,107	278	139	1,246	\$31,160,000.00	\$4,156,200.00	\$35,316,200.00
SD-500 South Dakota Statewide	328	504	252	580	\$14,490,000.00	\$2,494,800.00	\$16,984,800.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
TN-500 Chattanooga/Southeast Tennessee	253	202	101	354	\$8,860,000.00	\$1,366,200.00	\$10,226,200.00
TN-501 Memphis/Shelby County	81	703	352	433	\$10,817,500.00	\$2,352,600.00	\$13,170,100.00
TN-502 Knoxville/Knox County	273	531	266	539	\$13,462,500.00	\$2,412,000.00	\$15,874,500.00
TN-503 Central Tennessee	66	219	110	175	\$4,382,500.00	\$854,400.00	\$5,236,900.00
TN-504 Nashville-Davidson County	819	1,216	608	1,427	\$35,675,000.00	\$6,105,000.00	\$41,780,000.00
TN-506 Upper Cumberland	91	145	73	164	\$4,087,500.00	\$708,000.00	\$4,795,500.00
TN-507 Jackson/West Tennessee	1,191	58	29	1,220	\$30,510,000.00	\$3,748,200.00	\$34,258,200.00
TN-509 Appalachian Regional	209	156	78	287	\$7,165,000.00	\$1,093,800.00	\$8,258,800.00
TN-510 Murfreesboro/Rutherford County	227	173	87	313	\$7,832,500.00	\$1,199,400.00	\$9,031,900.00
TN-512 Morristown/Blount, Sevier, Campbell, ke Counties	427	105	53	480	\$11,987,500.00	\$1,596,000.00	\$13,583,500.00
TX-500 San Antonio/Bexar County	1,662	887	444	2,105	\$52,632,500.00	\$7,646,400.00	\$60,278,900.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
TX-503 Austin/Travis County	1,520	615	308	1,828	\$45,697,500.00	\$6,406,200.00	\$52,103,700.00
TX-600 Dallas City & County, Irving	2,033	2,022	1,011	3,044	\$76,095,000.00	\$12,164,400.00	\$88,259,400.00
TX-601 Fort Worth, Arlington/Tarrant County	784	1,027	514	1,298	\$32,437,500.00	\$5,433,000.00	\$37,870,500.00
TX-603 El Paso City & County	256	344	172	428	\$10,705,000.00	\$1,800,600.00	\$12,505,600.00
TX-604 Waco/McLennan County	97	65	33	129	\$3,227,500.00	\$484,800.00	\$3,712,300.00
TX-607 Texas Balance of State	6,518	1,750	875	7,393	\$184,835,000.00	\$24,805,200.00	\$209,640,200.00
TX-611 Amarillo	463	296	148	611	\$15,285,000.00	\$2,278,200.00	\$17,563,200.00
TX-624 Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties	88	158	79	167	\$4,180,000.00	\$738,600.00	\$4,918,600.00
TX-700 Houston, Pasadena, Conroe/Harris, Ft. Bend, Montgomery, Counties	2,260	1,304	652	2,912	\$72,790,000.00	\$10,690,800.00	\$83,480,800.00
TX-701 Bryan, College Station/Brazos Valley	29	74	37	66	\$1,660,000.00	\$310,200.00	\$1,970,200.00
UT-500 Salt Lake City & County	270	1,125	563	833	\$20,817,500.00	\$4,185,600.00	\$25,003,100.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
UT-503 Utah Balance of State	211	342	171	382	\$9,560,000.00	\$1,660,200.00	\$11,220,200.00
UT-504 Provo/Mountainland	90	49	25	114	\$2,852,500.00	\$415,800.00	\$3,268,300.00
VA-500 Richmond/Henrico, Chesterfield, Hanover Counties	238	194	97	335	\$8,375,000.00	\$1,296,000.00	\$9,671,000.00
VA-501 Norfolk, Chesapeake, Suffolk/Isle of Wight, Southampton Counties	120	409	205	325	\$8,122,500.00	\$1,588,200.00	\$9,710,700.00
VA-502 Roanoke City & County, Salem	21	229	115	136	\$3,387,500.00	\$750,000.00	\$4,137,500.00
VA-503 Virginia Beach	76	136	68	144	\$3,590,000.00	\$634,800.00	\$4,224,800.00
VA-504 Charlottesville	36	117	59	95	\$2,372,500.00	\$460,200.00	\$2,832,700.00
VA-505 Newport News, Hampton/Virginia Peninsula	73	252	126	199	\$4,970,000.00	\$974,400.00	\$5,944,400.00
VA-507 Portsmouth	15	69	35	50	\$1,247,500.00	\$253,200.00	\$1,500,700.00
VA-508 Lynchburg	20	40	20	40	\$990,000.00	\$178,800.00	\$1,168,800.00
VA-513 Harrisburg, Winchester/Western Virginia	39	205	103	142	\$3,542,500.00	\$732,600.00	\$4,275,100.00
VA-514 Fredericksburg/Spotsylvania, Stafford Counties	50	96	48	98	\$2,460,000.00	\$439,200.00	\$2,899,200.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
VA-521 Virginia Balance of State	174	289	145	318	\$7,952,500.00	\$1,387,800.00	\$9,340,300.00
VA-600 Arlington County	50	113	57	107	\$2,672,500.00	\$490,200.00	\$3,162,700.00
VA-601 Fairfax County	125	419	210	334	\$8,352,500.00	\$1,630,800.00	\$9,983,300.00
VA-602 Loudoun County	99	53	27	126	\$3,147,500.00	\$457,200.00	\$3,604,700.00
VA-603 Alexandria	14	103	52	66	\$1,637,500.00	\$351,000.00	\$1,988,500.00
VA-604 Prince William County	52	80	40	92	\$2,295,000.00	\$395,400.00	\$2,690,400.00
VI-500 Virgin Islands	325	82	41	366	\$9,145,000.00	\$1,220,400.00	\$10,365,400.00
VT-500 Vermont Balance of State	92	389	195	287	\$7,172,500.00	\$1,444,200.00	\$8,616,700.00
VT-501 Burlington/Chittenden County	67	180	90	157	\$3,930,000.00	\$741,600.00	\$4,671,600.00
WA-500 Seattle/King County	7,319	3,540	1,770	9,089	\$227,230,000.00	\$32,577,600.00	\$259,807,600.00
WA-501 Washington Balance of State	3,219	1,789	895	4,113	\$102,827,500.00	\$15,022,800.00	\$117,850,300.00
WA-502 Spokane City & County	441	711	356	797	\$19,912,500.00	\$3,456,000.00	\$23,368,500.00
WA-503 Tacoma, Lakewood/Pierce County	881	520	260	1,141	\$28,515,000.00	\$4,201,800.00	\$32,716,800.00

CoC Number and Name	Estimated Total Unsheltered	Sheltered Homeless Individuals	Density Reduction Need	Total New Units Required	Cost of New Capacity	Cost of Quarantine Units	Total Additional Cost
WA-504 Everett/Snohomish County	839	272	136	975	\$24,365,000.00	\$3,331,800.00	\$27,696,800.00
WA-508 Vancouver/Clark County	682	220	110	792	\$19,795,000.00	\$2,705,400.00	\$22,500,400.00
WI-500 Wisconsin Balance of State	132	1,323	662	793	\$19,827,500.00	\$4,363,800.00	\$24,191,300.00
WI-501 Milwaukee City & County	160	472	236	396	\$9,890,000.00	\$1,894,800.00	\$11,784,800.00
WI-502 Racine City & County	17	136	68	85	\$2,120,000.00	\$458,400.00	\$2,578,400.00
WI-503 Madison/Dane County	105	279	140	245	\$6,112,500.00	\$1,152,000.00	\$7,264,500.00
WV-500 Wheeling, Weirton Area	13	93	47	59	\$1,477,500.00	\$316,800.00	\$1,794,300.00
WV-501 Huntington/Cabell, Wayne Counties	69	100	50	119	\$2,965,000.00	\$505,800.00	\$3,470,800.00
WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties	3	234	117	120	\$2,995,000.00	\$710,400.00	\$3,705,400.00
WV-508 West Virginia Balance of State	263	484	242	505	\$12,630,000.00	\$2,241,600.00	\$14,871,600.00
WY-500 Wyoming Statewide	175	329	165	340	\$8,487,500.00	\$1,512,000.00	\$9,999,500.00
Total	295,810	197,598	98,799	394,609	\$9,865,230,000.00	\$1,480,224,600.00	\$11,345,454,600.00

